National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Nasopharyngeal Cancer



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NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

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®).

Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Head and Neck Cancers, Version 2.2026 — May 12, 2026.

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NCCN Foundation seeks to support the millions of patients and their families affected by a cancer diagnosis by funding and distributing NCCN Guidelines for Patients. NCCN Foundation is also committed to advancing cancer treatment by funding the nation's promising doctors at the center of innovation in cancer research. For more details and the full library of patient and caregiver resources, visit NCCN.org/patients.

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About nasopharyngeal cancer

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Nasopharyngeal cancer is a type of throat cancer. It affects the nasopharynx, which is the upper part of your throat behind your nose. This guide describes the testing, staging, types of treatment, and supportive care for nasopharyngeal cancer. This chapter reviews the basics of the cancer.

What is nasopharyngeal cancer?

Nasopharyngeal cancer (also known as nasopharyngeal carcinoma) is an uncommon cancer that occurs in the upper part of the throat, behind the nose (the nasopharynx).

It's important to know that cancers in different parts of the throat aren't all treated the same way. There are many different structures in the throat, including tonsils, adenoids, the larynx (voice box), and the pharynx (made up of the nasopharynx, oropharynx, and hypopharynx).

The pharynx (pronounced "FAIR-inks") is a hollow, muscular tube that air, food, and liquid pass through. Air travels through the pharynx before entering the larynx (voice box) and lungs, and food and liquid pass through it before entering the esophagus and stomach.

What is head and neck cancer?

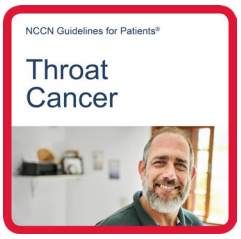
Cancer that affects parts of your head or neck, such as the mouth and throat.

Head and neck cancers can occur in your:

- Mouth (oral or oral cavity cancer)
- Pharynx (this includes nasopharyngeal, oropharyngeal, and hypopharyngeal cancers)
- Voice box (laryngeal cancer)
- Glands that produce spit (salivary gland cancer)
- Nose and sinuses around the nose (nasal cavity and paranasal sinus cancer)

To read more about mouth cancer, see *NCCN Guidelines for Patients: Mouth Cancer* and to learn more about oropharyngeal, laryngeal, and hypopharyngeal cancers, see *NCCN Guidelines for Patients: Throat Cancer*. Guidelines are available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.





The pharynx is about 5 inches (or 13 centimeters) long and starts behind the nose, goes down behind the mouth, and opens into the larynx and esophagus.

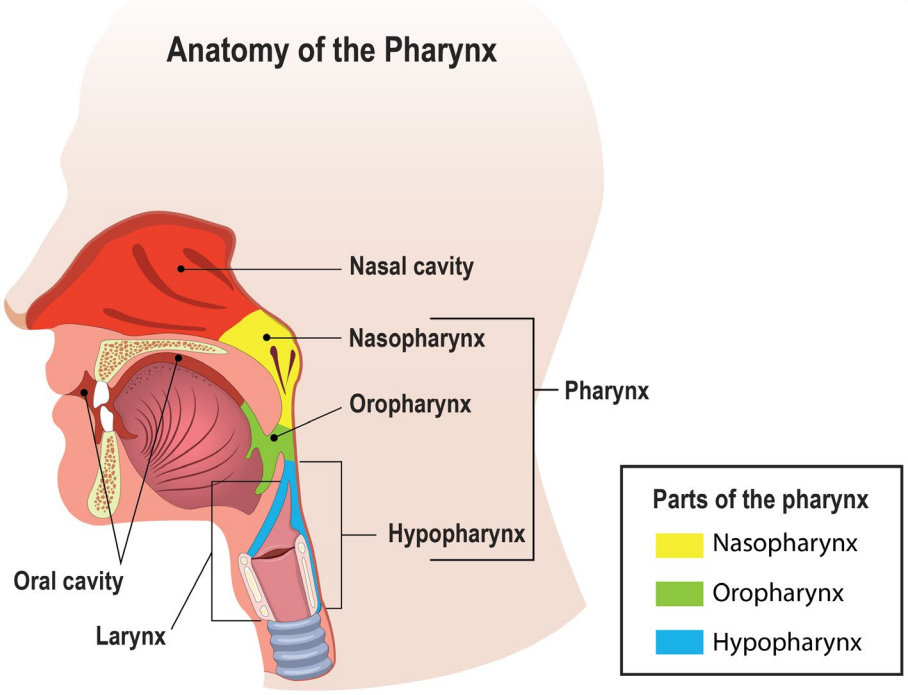
The pharynx is divided into 3 parts:

- **Nasopharynx** – The upper part of the throat behind the back of the nose.
- **Oropharynx** – The middle part of the throat behind the mouth. The oropharynx includes the tonsils, side and back walls of the throat, soft palate (back muscular part of the roof of the mouth), and back part of the tongue (base of tongue).
- **Hypopharynx** – The bottom part of the throat behind the voice box.

Cancer can be found in any part of the pharynx and in other parts of the throat, too. Nasopharyngeal cancer is different from other types of cancer that affect the throat, and this guide only focuses on cancer of the nasopharynx. For information on oropharyngeal cancer, laryngeal cancer, and hypopharyngeal cancer, see *NCCN Guidelines for Patients: Throat Cancer* available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.

The pharynx

The pharynx is a hollow, muscular tube inside the neck that starts behind the nose and opens into the larynx (voice box) and esophagus. It's part of your throat, and air, food, and water pass through it. The pharynx has 3 parts: the nasopharynx, oropharynx, and hypopharynx.



Diagnosis vs. prognosis

What's the difference between diagnosis and prognosis? These 2 words sound alike but they're very different.

Diagnosis: The identification of a disease or condition based on signs, symptoms, and test results. The diagnosis names what illness you have.

Prognosis: The likely course or outcome of a disease. The prognosis predicts how your disease will turn out.

What are the signs of nasopharyngeal cancer?

Signs of nasopharyngeal cancer may include:

- Ear infections that keep occurring, pain in the ear, ear fullness or pressure, ringing in the ears (called tinnitus), and/or hearing loss
- Lumps in the neck or throat
- Nosebleeds that keep happening
- Persistent stuffy nose
- Sore throat
- Headache, or pain or numbness in the face
- Double vision

How is nasopharyngeal cancer treated?

Treatment for nasopharyngeal cancer depends on the stage of the cancer, your overall health, and if the cancer has spread to other areas. Treatment options include radiation therapy and systemic therapy (treatment that works throughout the entire body, such as chemotherapy, immunotherapy, and targeted therapy). Sometimes clinical trials (medical research studies that look at new ways of fighting cancer) are available. Surgery isn't usually a treatment option because it's difficult for surgeons to reach and operate on tumors in the nasopharynx.

Chapter 4: Types of treatment describes the types of treatment you may receive in greater detail, while *Chapter 5: Treating stage 1, 2, and 3 nasopharyngeal cancers* and *Chapter 6: Treating stage 4 (metastatic) nasopharyngeal cancer* describe how each stage of cancer is treated.

Everyone with head and neck cancer should meet with a care team of different experts (multidisciplinary team) at a center/hospital that has experience treating these cancers.

What is supportive care?

Supportive care is an important part of cancer care, and its goal is to improve your quality of life during and after treatment. Supportive care can help manage the side effects of treatment and can help with other needs, such as paying for care and making treatment decisions. *Chapter 7: Supportive care* describes more about what supportive care can do for you and explains what the common side effects of nasopharyngeal cancer are.

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

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2 Testing for nasopharyngeal cancer

Results from different tests, imaging scans, physical exams, and a biopsy are used to diagnose (confirm that you have) nasopharyngeal cancer and plan treatment. The results also help your care team learn as much about the cancer as possible. This chapter explains the tests you might get and what to expect. The tests you may get are also listed in **Guide 1**.

Guide 1
Tests, procedures, and information used to diagnose nasopharyngeal cancer and plan treatment

Medical history, and tobacco and alcohol use history.
Physical exam, including a complete head and neck exam (a mirror exam may also be done to better see the throat area).
Nasopharyngeal fiberoptic exam (a thin, flexible tube with a camera on it is guided through your nose so your doctor can see your nose, nasal passages, and throat area).
MRI scan of the skull base to collarbone area with or without a CT scan of the skull base/neck.
Biopsy of the main abnormal area or a fine-needle aspiration biopsy of the neck.
PET/CT scan and/or chest CT scan (to see if cancer has spread). If a PET/CT scan isn't done, then a bone scan will also be done.
Epstein-Barr virus (EBV) test and possibly a human papillomavirus (HPV) test.
As needed: • Dental exam with a dentist and/or specialized dentist called a prosthodontist • Eye exam • Endocrine tests • Nutrition, speech, and swallowing evaluation and/or therapy • Hearing tests (audiogram) • Counseling to help to quit smoking • Fertility counseling • Hepatitis B screening (checking for hepatitis B)

Medical history

A complete report of your health is called a medical history. Your care team needs to have all your health information, so when you meet with them be ready to talk about your:

- Illnesses
- Surgeries
- Injuries
- Health conditions
- Symptoms
- Medications and supplements (that you take now and have taken in the past)
- Occupational exposures (wood dust, formaldehyde, welding/metal fumes)

Tobacco and alcohol use history

Using tobacco products (smoking, chewing, or vaping) and drinking excessive amounts of alcohol can increase your risk of developing head and neck cancers, such as nasopharyngeal cancer. Your care team will ask you about your history with tobacco and alcohol.

It's important to stop smoking and vaping, avoid tobacco, and limit alcohol use when you have a new diagnosis of cancer. **It's also very important not to use tobacco products and to limit alcohol use during treatment because these substances can interfere with cancer treatment and increase the risk of side effects.** It can be hard to stop smoking, but resources are available to help you. *NCCN Guidelines for Patients: Quitting Smoking* are available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



If you smoke or vape, it's very important to get help to quit

Smoking or vaping nicotine greatly increases your chances of having side effects. It can limit how well cancer treatment works, make it harder for your body to heal, and increase your chances of developing other cancers, too. If you smoke or vape, ask your care team about counseling and medicines that can help you quit.

Importantly, cannabis use may affect the amount of anesthesia you receive during surgery.

More information can be found in *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

Family history

Your care team will also ask about the medical history of family members who are blood relatives. This information is called a family history. If a family member had cancer, it's important to know the specific type of cancer, where it started, if it was in multiple locations, and what age they were diagnosed with it. It's also helpful to find out if they had genetic testing done.

Physical exams

A regular physical exam and a complete exam of your head and neck will be done (usually at the same time). During the exam, your health care provider will:

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

In addition, you'll have a nasopharyngeal fiberoptic exam so your doctor can see your nose and throat area more clearly. During the exam, a flexible tube with a camera on it is guided through your nose to get detailed pictures of parts of the throat and neck area. The exam is usually done in a doctor's office, and numbing medicine is given.

Biopsy

Biopsies remove samples of tissues or cells from the body to see if cancer is in a certain spot. There are different types of needle biopsies that can be done to remove samples of an abnormal area, tumor, or lymph node. An ultrasound or CT scan might be done beforehand or at the same time to learn more about the area and to help guide the biopsy. After the sample is taken, it's sent to a lab where tests are done on it.

Imaging scans

Imaging scans take pictures of the inside of your body to look for cancer. These images can also provide useful information on where the cancer is and how much of it there is. A **radiologist** (a doctor who's an expert at diagnosing diseases using imaging techniques) will review the images and send the results to your care team.

Some imaging tests you may have done are a magnetic resonance imaging (MRI) scan, computed tomography (CT or CAT) scan, positron emission tomography (PET) scan, and a bone scan. Importantly, not everyone will get all these imaging scans done.

Sometimes a substance called **contrast** (also called contrast dye) is given before an MRI or CT scan to help make the pictures clearer. Contrast is injected into a vein or mixed with liquid to drink, and it leaves your body when you go to the bathroom (in urine). Tell your care team if you've had allergic reactions to contrast in the past.

MRI scans

An MRI scan will be done to look for cancer in the head and neck area. An MRI 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 scan. Because of the very strong magnets used in the MRI machine, tell the person doing the scan if you have any metal or a pacemaker in your body.

CT scans

A CT scan uses x-rays to take images of your body from different angles, and then a computer combines the pictures into a 3D image. You may need to have a CT scan done of your skull base, neck, and/or chest.

PET/CT scans and bone scans

When a PET scan is combined with a CT scan, it's called a PET/CT scan. If you don't get a PET/CT scan, then you'll need to have a bone scan.

Before you get a PET scan, a substance called a radiotracer is injected into your bloodstream. The radiotracer is detected during the scan and makes abnormal cells, such as cancer cells, appear brighter on the images. Afterward, the radiotracer leaves your body when you go to the bathroom (in urine). An FDG-PET scan uses a radiotracer called fluorodeoxyglucose (FDG) and is the type of PET scan you'll get.

A bone scan shows abnormal areas in the bones, such as fractures, infections, or cancer. Similar to a PET scan, a radiotracer is injected into your bloodstream before you get a bone scan.

Imaging scans

To look for cancer and to figure out if it's spread, you'll have imaging scans done. CT, MRI, and PET scans are imaging options for people with nasopharyngeal cancer. During the scans you'll lie face-up on a table that moves through a tunnel-like machine. You'll be able to hear and speak with a technician at all times.



Epstein-Barr virus testing

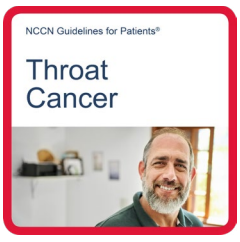
Many nasopharyngeal cancers are related to Epstein-Barr virus (sometimes called EBV), so a sample of your tumor and/or blood will be tested for the virus's DNA before and after treatment.

Epstein-Barr virus is a common virus that's a member of the herpes virus family. It spreads through body fluids, such as saliva (spit), and can cause a disease known as mononucleosis (mono). The virus is usually dormant or inactive, but some people have symptoms and feel sick.

HPV testing

Human papillomavirus (HPV) is a common virus that generally spreads by sexual contact (it's the most common sexually transmitted infection in the United States). There are more than 100 types of HPV, and most HPV infections go away by themselves within 2 years. But sometimes they last longer and can cause certain cancers.

Of all the head and neck cancers, oropharyngeal cancer (cancer in the middle part of the throat) is most often related to HPV. However, HPV testing might be done for nasopharyngeal cancer in some cases. 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.



Additional exams, tests, and screenings that may be done

Other tests and exams that your care team may recommend include the following.

Dental exam

Radiation therapy for nasopharyngeal cancer can affect your jaw, teeth, gums, and mouth overall, so a dental exam is usually done before you start treatment. You'll see your dentist or a specialized dentist who focuses on people with cancer, such as a dental oncologist or prosthodontist, for the exam. Ask your oncologist if they can recommend a dental expert. It's important to get any needed dental care before treatment starts.

Nutrition, speech, and swallowing assessment

You might meet with a nutrition expert and/or speech therapist before starting treatment so they can figure out how you're currently speaking and swallowing. They can also help prevent serious weight loss and issues with nutrition.

Hearing tests (audiogram)

People with nasopharyngeal cancer may experience hearing loss due to the cancer's location and how treatment affects the area. Chemotherapy like cisplatin can also affect your hearing. A hearing test can be done before treatment, so your care team is able to track any changes that happen over time.

Endocrine tests

Radiation therapy can affect endocrine glands (glands that make and release hormones such as the thyroid) in the head and neck. Because of this, tests to check your endocrine levels are sometimes done before and/or after treatment.

Hepatitis virus screening

A hepatitis blood test will show if you had hepatitis in the past or if you have it now. Hepatitis infections can become active again after certain cancer therapies are given since treatment can weaken your immune system. If you have hepatitis, it's important to be treated because it can affect the liver.

An eye exam

Your care team may want you to have an eye exam because nasopharyngeal cancer can spread to the base of the skull, which may affect your vision.

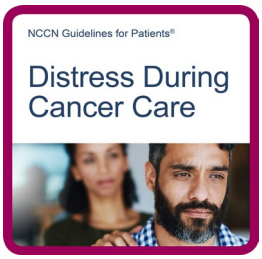
Fertility (all genders)

Some cancer treatments can affect your ability to conceive or have children, so your care team may discuss fertility preservation with you before you start treatment. The most common fertility preservation options include sperm banking and egg freezing. Sperm banking is when sperm is frozen and stored until after cancer treatment. Similarly, eggs can be removed from ovaries and stored for later use.

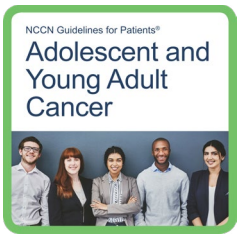
It's normal to feel worried

Depression, anxiety, fear, and distress are very common in people with cancer. These feelings can make it harder to deal with cancer and its treatment. Getting help when you're feeling worried is an important part of cancer care. Talk with your care team if you have any of these feelings. They can support you and give you resources to help, too.

Read more about cancer and distress in *NCCN Guidelines for Patients: Distress During Cancer Care,* available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



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



Key points

- Results from different tests, imaging scans, physical exams, and a biopsy are used to diagnose nasopharyngeal cancer and help plan treatment.
- Your care team will need your medical history, tobacco and alcohol use history, and family history.
- In addition to a physical exam, a nasopharyngeal fiberoptic exam will be done to see your nose and throat area more clearly. During the exam, a flexible tube with a camera on it is guided through your nose to get detailed pictures of parts of the throat and the neck area.
- A biopsy will be done to remove samples of tissues or cells from your body to see if cancer is in a certain spot.
- Different imaging scans will be done. Scans take pictures of the inside of your body to look for cancer and can include MRI, CT, PET/CT, and/or bone scans.
- Because many nasopharyngeal cancers are related to Epstein-Barr virus (EBV), a sample of your tumor and/or blood will be tested for the virus's DNA. Human papillomavirus (HPV) testing may be done on your tumor tissue, too.
- Other exams, tests, and screenings that might be done include a dental exam; nutrition, speech, and swallowing assessment; hearing tests (audiogram); endocrine tests; eye exam; and hepatitis virus screening. Your care team may also talk to you about fertility.

Questions to ask

- Who will explain what tests I need and what the results mean? How long will it take to get the results back? Can you print all the results for me, so I have all my information together and easily accessible?
- What resources are available to help me get to where the tests are being done and to help me pay for the tests? Will my insurance pay for the tests?
- Can I get all my tests done at the same place? If not, how many locations will I have to go to for testing?
- Who will talk with me about the next steps? When can I start treatment?
- Can I get a second opinion after I get my test results back?

3

Staging for nasopharyngeal cancer

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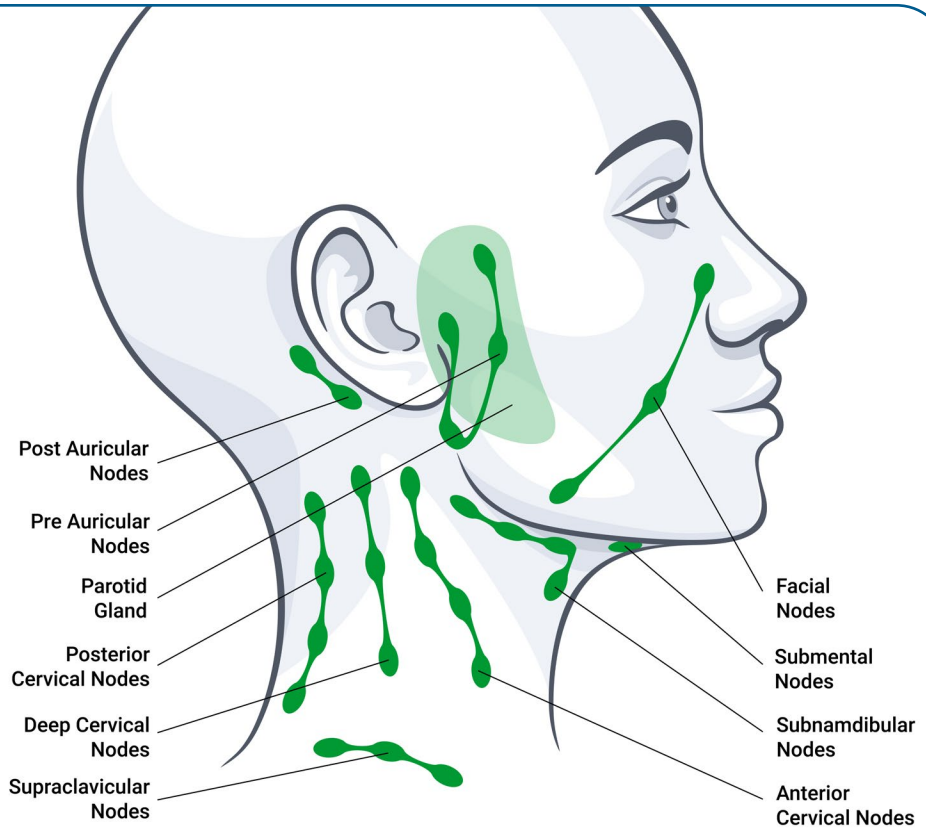
Staging is used to describe how much cancer is in the body and where it is. For example, stage 1 cancer is cancer in one area of the body, and stage 4 cancer is cancer that has spread to other parts of the body. This chapter explains the stages of nasopharyngeal cancer and the tumor, node, metastasis (TNM) staging system.

What is staging?

Staging tells your care team how much cancer is in your body and where it is. Staging is also used to make treatment decisions and to predict the likely outcome of the cancer (**prognosis**). The results of your tests and procedures are used to figure out the stage of nasopharyngeal cancer.

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.



TNM staging system

Your care team will use the American Joint Committee on Cancer (AJCC) TNM staging system to stage the cancer (see **Guide 2**). This system uses the letters T (primary [main] tumor), N (lymph node), and M (metastasis) to describe where the cancer is and how much of it there is.

Based on your test results, a number is assigned to each letter (can be written like T1N0M0 or T1, N0, M0). The higher the number, the larger the tumor is or the more the cancer has spread.

Nasopharyngeal cancer stages

Your care team may tell you the nasopharyngeal cancer stage using the TNM system, but to simplify, they'll probably just call it stage 1, stage 2, stage 3, or stage 4. Stages of cancer are numbered from 0 to 4 and can also be written in Roman numerals (stages I, II, III, and IV).

Here are the general stages for nasopharyngeal cancer:

- **Stage 0** – Cancer cells are only found in the lining of the nasopharynx (upper part of the throat behind the nose). This is also called carcinoma in situ.

Guide 2
The American Joint Committee on Cancer (AJCC) TNM staging system for nasopharyngeal cancer

T = tumor	**T describes the size and location of the main tumor** • Where is the tumor? Has it grown into nearby areas or tissue?
N = lymph nodes	**N describes if the cancer has spread to nearby lymph nodes** • Has cancer spread to nearby lymph nodes in the head and neck? If so, how many (the head and neck have around 300 lymph nodes)? Where? • Lymph nodes and tumors will be measured in centimeters (cm).
M = metastasis	**M describes if the cancer has spread (metastasized) to other areas** • If cancer metastasizes that means it has spread. Cancer can spread to the lymph nodes, but it can also spread to other parts of the body like the lungs or liver.

- **Stage 1A (early-stage nasopharyngeal cancer)** – Cancer is either only in the nasopharynx, or it has spread into the oropharynx (middle part of the throat, behind the mouth) and/or nasal cavity. It also may have spread a bit beyond these areas to places such as nearby soft tissue, but no lymph nodes are cancerous.
- **Stage 1B (early-stage nasopharyngeal cancer)** – Cancer is stage 1A and has also spread to the lymph nodes on one side of the neck, but the affected lymph nodes are smaller than 6 centimeters (cm). In some cases, no tumor is found in the nasopharynx, but certain lymph nodes test positive for Epstein-Barr virus.
- **Stage 2** – Cancer is either stage 1 and has spread to the lymph nodes (none are larger than 6 cm) on both sides of the neck, or it's stage 1 and has spread to other areas, such as bones in the skull base and/or bones nearby (it may or may not be in lymph nodes).
- **Stage 3** – Cancer is stage 2 and has spread more in the head and neck area to places such as the hypopharynx (the bottom part of the throat), and it may be in lymph nodes. Affected lymph nodes could be larger than 6 cm.
- **Stage 4 (metastatic nasopharyngeal cancer)** – Cancer has spread outside the head and neck to areas farther away in the body, such as the lungs. **Stage 4A cancer** has spread to no more than 3 distant areas of the body, while **stage 4B** cancer has spread to more than 3 distant areas of the body.

Head and neck tumors are measured in centimeters (cm): For comparison, an egg is 6 cm, a walnut is 4 cm, a grape is 3 cm, and a pea is 1 cm.



Key points

- Cancer staging is used to describe how much cancer is in the body and where it is. Head and neck cancers, such as nasopharyngeal cancer, can spread to nearby lymph nodes in the head and neck as well as to other areas of the body.
- The results of your tests and procedures are used to figure out the stage of cancer.
- A cancer stage is also used to help make treatment decisions and predict the likely outcome of the disease (prognosis).
- The American Joint Committee on Cancer (AJCC) TNM staging system is a detailed way of describing the cancer. This system uses the letters T (primary [main] tumor), N (lymph node), and M (metastasis, also known as spread) to describe where the cancer is and how much of it there is. A number is given to each letter.
- The stages of nasopharyngeal cancer are based on the TNM scores. Stages are numbered from 0 to 4 and can also be written in Roman numerals (stages I, II, III, and IV).

Questions to ask

- What stage nasopharyngeal cancer do I have?
- Is the cancer early stage or metastatic?
- Is the cancer in any nearby lymph nodes or other areas, like the lungs?
- What does having this stage of cancer mean for me?



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer.

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Nasopharyngeal cancer is treated with radiation therapy, systemic therapy (such as chemotherapy, immunotherapy, and targeted therapy), and/or therapy in clinical trials. This chapter provides an overview of treatment options and what to expect.

Your care team will create a treatment plan with you based on your:

- Test results
- Cancer stage

Your care team

People with head and neck cancers, such as nasopharyngeal cancer, should be treated at an experienced cancer care facility. Many health care professionals with different specialties (known as a **multidisciplinary team**) who have knowledge and experience with nasopharyngeal cancer will be on your care team. This team is united in planning your treatment. Ask who will coordinate your care and who you should contact with questions and concerns.

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



Your care team

- **Oncologists** are doctors who diagnose and treat cancer. There are different types of oncologists, such as dental, medical, radiation, and surgical.
- **Otolaryngologists (sometimes called ENT doctors)** diagnose and treat ear, nose, and throat (ENT) conditions. Some also do head and neck surgeries.
- **Dentists** are trained to diagnose and treat oral health conditions. You'll need to see your regular dentist more often during treatment. Usually, people also see a specialized dentist, like a dental oncologist, before starting treatment.
- **Prosthodontists** are specialized dentists who create artificial replacements, or prosthetics, for damaged or missing teeth. They restore teeth and do mouth reconstruction, which can help with speech, chewing, and swallowing.
- **Rehabilitation therapists** help improve your body's function and your quality of life. Rehabilitation therapists include physical therapists, occupational therapists, and speech-language pathologists.
- **Nutritionists and dietitians** help with eating problems and can create a meal plan for you. They suggest foods to support recovery and to manage side effects of treatment.
- **Oncology social workers** find resources and help with financial assistance.
- **Nurses** help give medications, manage side effects, and more.

Radiation therapy

Radiation therapy uses high-energy x-rays, photons, electrons, protons, and other sources to kill cancer cells and to shrink tumors. Usually a computerized treatment machine, which can shape the radiation beams to closely fit the location and size of the tumor, delivers the radiation to the body. When radiation therapy is given like this, you'll typically get treatment over the course of 6 to 7 weeks on weekdays (Monday through Friday).

Your radiation oncologist will meet with you before treatment starts for a treatment planning and simulation session. During the simulation session, a custom form-fitting device resembling a hockey goalie mask (called an **immobilization mask**) will be made for you to keep your head, and possibly your shoulders, still during treatment. If you're uncomfortable in tight spaces, talk to your radiation oncologist about ways to help keep you comfortable and calm.

About once a week, your radiation oncologist will meet with you to check for side effects, such as a sunburn-like rash and mouth soreness (called **mucositis**), dry mouth (called **xerostomia**), thick saliva, and throat pain. Before starting radiation therapy, you'll also go to a specialized dentist or dental oncologist and a speech and swallowing expert for an exam. Radiation therapy has many long-term and life-changing side effects that are best addressed ahead of time.

Types of radiation therapy

There are many different types of radiation therapy used to treat nasopharyngeal cancer such as internal radiation therapy and external beam radiation therapy (EBRT). Internal radiation therapy is when radiation is placed inside the body (in wires, pellets, molds, or rods), either directly in the tumor or near it. EBRT is when radiation therapy is directed at the tumor and delivered from outside your body, where it passes through the skin to reach the cancer. Most radiation therapy given for nasopharyngeal cancer is EBRT.

"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."



There are many kinds of EBRT, such as intensity-modulated radiation therapy (IMRT), proton beam therapy, stereotactic body radiotherapy (SBRT), and 3D-conformal radiation therapy (3D-CRT).

The different types of radiation therapy you might receive are described in **Guide 3**.

Guide 3
Types of radiation therapy that may be given for nasopharyngeal cancer

Intensity-modulated radiation therapy (IMRT)	• Uses an advanced computer software program dedicated to planning and delivering a precise dose of radiation. • The strength of the radiation beams can be changed, so nearby healthy tissue is protected and the tumor can get higher doses of radiation. • A preferred way to give radiation therapy for nasopharyngeal cancer.
Proton beam therapy (PBT)	• A technology that delivers radiation with charged particles to a well-defined treatment area (the tumor and a little bit of the surrounding area). • It can deliver the radiation dose while giving a lower dose to normal tissue. • May cause fewer side effects because the healthy surrounding tissue isn't exposed to as much radiation.
Stereotactic body radiotherapy (SBRT)	• A radiation technique that is highly accurate targeting tumors from many beam positions, with very high doses of precise radiation given. • Because higher doses of radiation are given, fewer treatment sessions are needed.
3D-conformal radiation therapy (3D-CRT)	• Uses a CT scan of your body to create the radiation treatment plan. • Beams of radiation are delivered to the treatment area and a little more space around it, matching the tumor's size and shape.
Brachytherapy	• A type of internal radiation therapy that temporarily or permanently implants radioactive material in or near tissue that needs to be treated. The radiation can be placed in wires, pellets, molds, or rods. • Allows for delivery of high doses of radiation to a well-defined area while keeping the dose to the surrounding organs is relatively low.

What is systemic therapy?

Systemic therapy is treatment that travels through the bloodstream to treat cancer cells all over the body. Chemotherapy, immunotherapy, and targeted therapy are all types of systemic therapy. Your treatment plan (also called a treatment regimen) will describe the specific dose, schedule, and length of time treatment(s) will be given.

All 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 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.

The different systemic therapies you might receive are listed in **Guide 4**. Later chapters describe the specific treatments that are recommended for each stage of nasopharyngeal cancer. They will say whether the treatment is a preferred regimen.

Guide 4
Systemic therapies that can be given to treat nasopharyngeal cancer

Chemotherapies	• Capecitabine (Xeloda) • Carboplatin (Kyxata) • Cisplatin • Docetaxel (Beizray, Docivyx, Taxotere)	• Gemcitabine (Avgemsi) • Infusional Fluorouracil • Methotrexate • Paclitaxel
Targeted therapies	• Cetuximab (Erbitux)	
Immunotherapies	• Nivolumab (Opdivo) • Pembrolizumab (Keytruda) • Penpulimab-kcqx • Toripalimab-tpzi (Loqtorzi) • Tislelizumab-jsgr (Tevimbra)	

Chemotherapy and chemoradiation

Chemotherapy kills fast-growing cells throughout the body, including cancer cells and some normal cells. Sometimes, chemotherapy is used in combination with other systemic therapies. This is called multiagent or multidrug chemotherapy. Most chemotherapy drugs that are used to treat nasopharyngeal cancer are liquids that are injected slowly into a vein (IV infusion), but the chemotherapy capecitabine is given as a tablet that's swallowed. Importantly, chemotherapies can cause different side effects. Your care team will check on you throughout treatment to help manage any side effects or uncomfortable feelings.

Concurrent therapy is when a treatment is given at the same time as another treatment, and **sequential therapy** is when treatments are given one after another (such as chemotherapy followed by chemoradiation). When chemotherapy is given at the same time as radiation therapy or very close to when radiation therapy is given, you may hear it called **chemoradiation**.

How often will I get chemotherapy?

Chemotherapy is given in cycles that include treatment days and rest days. This allows your body to recover before you start the next treatment cycle. Cycles vary in length depending on which drugs are used, but a cycle is usually 14, 21, or 28 days. The number of treatment days per cycle and the total number of cycles you'll have varies based on which chemotherapy you receive. Mostly, chemotherapy is given every 21 days for 3 treatments before you get treatment with chemoradiation.

Immunotherapy

Immunotherapy is a type of treatment that helps your immune system fight cancer. It's given when people are diagnosed with metastatic nasopharyngeal cancer. The immunotherapy drugs some people may receive are pembrolizumab (Keytruda), nivolumab (Opdivo), toripalimab-tpzi (Loqtorzi), tislelizumab-jsgr (Tevimbra), and penpulimab-kcqx.

Immunotherapy medications are injected slowly into a vein (IV infusion). There are other versions of pembrolizumab and nivolumab that can be given as an injection under the skin (subcutaneous injection). Pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex) and nivolumab and hyaluronidase-nvhy (Opdivo Qvantig) are given as injections.

For more information about the side effects of immunotherapy, see *NCCN Guidelines for Patients: Immunotherapy Side Effects: Immune Checkpoint Inhibitors*. This guideline is available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Targeted therapy

Targeted therapy is a type of treatment that targets specific or unique features of cancer cells (such as certain genetic mutations). Cetuximab (Erbitux) is a targeted therapy used to treat nasopharyngeal cancer. It's given as an IV infusion in combination with chemotherapy.

Clinical trials

A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of fighting 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. 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.



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

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 is 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 is 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.

"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."



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NCCN.org/patients/comments

Key points

- Your care team will include many different health care providers, such as oncologists; dentists; specialized dentists; prosthodontists; otolaryngologists, who are sometimes called ear, nose, and throat (ENT) doctors; rehabilitation specialists; oncology social workers; nurses; nutritionists; and speech and swallowing experts.
- Common treatments for nasopharyngeal cancer include radiation therapy, systemic therapy (treatment that works throughout the whole body), and clinical trials (medical research studies that test new ways of fighting cancer).
- Types of systemic therapy include chemotherapy, immunotherapy (treatment that helps your immune system fight cancer), and targeted therapy (treatment that targets specific or unique features of cancer cells).
- Concurrent therapy is when you receive a treatment at the same time as another treatment, and sequential therapy is when you receive one treatment after another. Chemotherapy can be given at the same time or very close to when radiation therapy is given (this may be called chemoradiation). It can also be given before or after radiation therapy.
- Radiation therapy uses high-energy x-rays, photons, electrons, protons, and other sources to kill cancer cells and to shrink tumors. Before starting radiation therapy, you'll see a specialized dentist or dental oncologist for an exam.
- Different types of radiation therapy include external beam radiation therapy (EBRT) and internal radiation therapy (such as brachytherapy). There are many kinds of EBRT, including intensity-modulated radiation therapy (IMRT), proton beam therapy, stereotactic body radiotherapy (SBRT), and 3D-conformal radiation therapy (3D-CRT).
- When helpful, NCCN experts assign a level of preference to their recommendations for systemic therapies. There are 3 levels: preferred therapies, other recommended therapies, and therapies used in certain circumstances.

Questions to ask

- How long will treatment be given for?
- What type of radiation therapy would be best for me and why? Can you explain the pros and cons of the different types of radiation therapy?
- Is a clinical trial an option for me?
- What's your experience treating head and neck cancer, and nasopharyngeal cancer in particular? Have you seen people with a tumor like the one I have before?
- Who will check in with me and talk with me about the treatment plan as time goes on and I start treatment? Is there a number I can call when I have questions?

5

Treating stage 1, 2, and 3 nasopharyngeal cancers

32 Treatment for stage 1a nasopharyngeal cancer

33 Treatment for stage 1b and certain stage 2 nasopharyngeal cancers

33 Treatment for stage 3 and certain stage 2 nasopharyngeal cancers

33 After treatment ends: More treatment or follow-up care

35 Key points

35 Questions to ask

Systemic therapy, radiation therapy, and clinical trials are treatment options for stage 1, 2, and 3 nasopharyngeal cancers. Chemotherapy is the type of systemic therapy you'll receive for these nasopharyngeal cancers. Chemotherapy is usually given before you receive radiation therapy plus chemotherapy (chemoradiation). Sometimes it's given after chemoradiation.

To figure out what treatment is best for you, your care team will consider the cancer stage (for more information on staging see *Chapter 3: Staging for nasopharyngeal cancer*). Other factors, such as your overall health, are also considered when treatment decisions are being made. Talk with your care team about your preferences for treatment, too.

For a list of the systemic therapies you might receive, see **Guide 5**. Systemic therapy that's given at the same time as radiation therapy is called concurrent treatment. Sequential treatment is when treatments are given in order, one after another—not at the same time.

Treatment for stage 1a nasopharyngeal cancer

If you have stage 1a nasopharyngeal cancer, treatment options include:

- Radiation therapy
- Radiation therapy given with or without chemotherapy if the cancer has high-risk features (high-risk features are having a large tumor [there is a bulky tumor volume] or cancer that has a high amount of Epstein-Barr Virus [EBV] DNA)

Guide 5
Systemic therapies used to treat stage 1, 2, and 3 nasopharyngeal cancers

Chemotherapies:
Cisplatin
Gemcitabine (Avgemsi)
Docetaxel (Beizray, Docivyx, Taxotere)
Carboplatin (Kyxata)
Infusional Fluorouracil
Capecitabine (Xeloda)

Treatment for stage 1b and certain stage 2 nasopharyngeal cancers

People with stage 1b and some people with stage 2 nasopharyngeal cancer can be treated with:

- Radiation therapy plus chemotherapy
- Chemotherapy given before or after radiation therapy if the cancer has high-risk features (high-risk features are having a large tumor [there is a bulky tumor volume] or cancer that has a high amount of Epstein-Barr Virus [EBV] DNA)

Treatment for stage 3 and certain stage 2 nasopharyngeal cancers

People with stage 3 and some people with stage 2 nasopharyngeal cancer can be treated:

- As part of a clinical trial (preferred)
- With chemotherapy followed by radiation therapy plus chemotherapy (preferred)
- With chemotherapy plus radiation therapy followed by chemotherapy
- With chemotherapy plus radiation therapy

After treatment ends: More treatment or follow-up care

Once you finish treatment, you'll either:

- Receive more treatment if the cancer hasn't gone away
- Start the follow-up part of care if the cancer has gone away

General follow-up includes regular doctor visits to check for late side effects and signs that cancer has returned (called recurrence). It's important to contact your doctor right away if you notice any changes in your head or neck. The recommended follow-up care is described in **Guide 6**.

"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."

Guide 6
Follow-up care for nasopharyngeal cancer

Medical history and physical exam, including a complete head and neck exam and mirror or fiberoptic exam:

- Every 1 to 3 months for the first year
- Every 2 to 6 months for the second year
- Every 4 to 8 months for years 3 through 5
- Once every year after 5 years has passed

Imaging scans as needed.

Ultrasound of the neck if it was treated with radiation therapy.

A survivorship care plan will be created within 1 year of completing treatment. During survivorship, you'll see a head and neck oncologist and your primary care doctor to check on your health (your primary care doctor will also give you any necessary vaccines).

Dental exam, if needed.

Blood tests to look at thyroid-stimulating hormone (TSH) levels every 6 to 12 months, if needed.

Monitoring for Epstein-Barr virus (EBV) DNA, if needed.

Supportive care (given as needed):

- Speech, hearing, and swallowing evaluation and rehabilitation
- Nutrition evaluation and rehabilitation
- Ongoing screening for distress and depression
- Help to quit smoking and reduce alcohol consumption
- Swelling (also called lymphedema) evaluation and rehabilitation

Key points

- To figure out what treatment is best for you, your care team will consider the stage of the cancer. Other factors, such as your overall health, may be considered, too.
- Systemic therapy, radiation therapy, and clinical trials are treatment options for stage 1, 2, and 3 nasopharyngeal cancers. Chemotherapy is the systemic therapy you'll receive for these nasopharyngeal cancers.
- If you have stage 1a nasopharyngeal cancer, treatment will be radiation therapy with or without chemotherapy.
- People with stage 1b and some people with stage 2 nasopharyngeal cancer can be treated with radiation therapy plus chemotherapy. If the cancer has high-risk features, chemotherapy may be given before or after radiation therapy plus chemotherapy.
- People with stage 3 and some people with stage 2 nasopharyngeal cancer can be treated as part of a clinical trial (preferred), with chemotherapy followed by radiation therapy plus chemotherapy (preferred), with chemotherapy plus radiation therapy, or with chemotherapy plus radiation therapy followed by chemotherapy.
- After you complete treatment, you'll either receive more treatment if the cancer hasn't gone away or you'll start the follow-up part of care if the cancer has gone away. General follow-up includes regular doctor visits to check for late side effects and signs that cancer has returned (called recurrence).

Questions to ask

- What treatments do you recommend, and in what order will they be given? What chemotherapies in particular will I be getting and why?
- 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, and swallow?
- How long will this course of treatment take?
- Will I be able to work during treatment?

6

Treating stage 4 (metastatic) nasopharyngeal cancer

37 Treatment for oligometastatic nasopharyngeal cancer

38 Treatment for metastatic nasopharyngeal cancer

38 After treatment ends: More treatment or follow-up care

40 Key points

40 Questions to ask

Radiation therapy, systemic therapy such as chemotherapy, and supportive care are treatment options for stage 4 nasopharyngeal cancer. This chapter explains the treatments given for stage 4 cancer, which is cancer that has spread to other parts of the body.

Your care team will consider your overall health and whether the cancer is oligometastatic or metastatic when making the treatment plan. **Oligometastatic** cancer is cancer that has spread to a few other areas in the body. **Metastatic** cancer is cancer that has spread to many other areas in the body.

Treatment for oligometastatic nasopharyngeal cancer

Treatment options for nasopharyngeal cancer that has spread to a few spots in the body (oligometastatic disease) include:

- Chemotherapy followed by: treatment with radiation therapy, capecitabine, or cisplatin plus radiation therapy
- Cisplatin given with radiation therapy
- Systemic therapy
  - Afterwards, if the cancer responded to treatment, then you might get radiation therapy aimed at certain lymph nodes (preferred) and tumors, or you might keep receiving systemic therapy.

The systemic therapies you could receive are listed in **Guide 7**. Sometimes a few different chemotherapy drugs are given together to treat the cancer (known as multidrug or multiagent chemotherapy).

After treatment, you'll either start the follow-up part of care (described on page 39) or receive more treatment.

Guide 7
Systemic therapies used to treat stage 4 nasopharyngeal cancer

Chemotherapies:
Cisplatin
Gemcitabine (Avgemsi)
Docetaxel (Beizray, Docivyx, Taxotere)
Carboplatin (Kyxata)
Infusional Fluorouracil
Methotrexate
Paclitaxel
Targeted therapies and/or immunotherapies:
Toripalimab-tpzi (Loqtorzi)
Cetuximab (Erbitux)
Nivolumab (Opdivo)
Pembrolizumab (Keytruda)
Tislelizumab-jsgr (Tevimbra)
Penpulimab-kcqx

Treatment for metastatic nasopharyngeal cancer

Treatment options for nasopharyngeal cancer that has spread to many areas in the body (metastatic disease) include:

- Systemic therapy
  - If the cancer responds to treatment, then you might get radiation therapy aimed at certain lymph nodes (preferred) and tumors, or you'll continue getting systemic therapy.
- Best supportive care (to learn more, see *Chapter 7: Supportive care*)

The systemic therapies you may receive are listed in **Guide 7**. Sometimes a few different chemotherapy drugs are given together to treat the cancer (known as multidrug or multiagent chemotherapy). After treatment, you'll start follow-up care or get more treatment.

After treatment ends: More treatment or follow-up care

Once you finish treatment, you'll either:

- Receive more treatment if the cancer hasn't gone away
- Start follow-up care if the cancer has gone away

General follow-up includes regular doctor visits to check for late side effects and signs that cancer has returned (called recurrence). It's important to contact your doctor right away if you notice any changes in your head or neck. The recommended follow-up care is described in **Guide 8**.



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."

Guide 8
Follow-up care for nasopharyngeal cancer

Medical history and physical exam, including a complete head and neck exam and mirror or fiberoptic exam:

- Every 1 to 3 months for the first year
- Every 2 to 6 months for the second year
- Every 4 to 8 months for years 3 through 5
- Once every year after 5 years has passed

Imaging scans as needed.

Ultrasound of the neck if it was treated with radiation therapy.

A survivorship care plan will be created within 1 year of completing treatment. During survivorship, you'll see a head and neck oncologist and your primary care doctor to check on your health (your primary care doctor will also give you any necessary vaccines).

Dental exam, if needed.

Blood tests to look at thyroid-stimulating hormone (TSH) levels every 6 to 12 months, if needed.

Monitoring for Epstein-Barr virus (EBV) DNA, if needed.

Supportive care (given as needed):

- Speech, hearing, and swallowing evaluation and rehabilitation
- Nutrition evaluation and rehabilitation
- Ongoing screening for distress and depression
- Help to quit smoking and reduce alcohol consumption
- Swelling (also called lymphedema) evaluation and rehabilitation

Key points

- Systemic therapy (such as chemotherapy, immunotherapy, and targeted therapy), radiation therapy, and supportive care are treatment options for stage 4 nasopharyngeal cancer.
- Your care team will consider your overall health and whether the cancer is oligometastatic or metastatic when making a treatment plan with you.
- Treatment options for nasopharyngeal cancer that has spread to a few other areas in the body (oligometastatic) include systemic therapy; cisplatin given with radiation therapy; and chemotherapy followed by treatment with radiation therapy, capecitabine, or cisplatin plus radiation therapy. Other treatments or clinical trial(s) may be given afterward.
- Treatment options for nasopharyngeal cancer that has spread to many other areas in the body (metastatic disease) include systemic therapy and supportive care. Radiation therapy may be given after systemic therapy if the cancer is responding to treatment.
- Systemic therapies you can receive are cisplatin, gemcitabine, docetaxel, carboplatin, infusional fluorouracil, capecitabine, methotrexate, paclitaxel, toripalimab, cetuximab, nivolumab, pembrolizumab, tislelizumab, and penpulimab.
- After you complete treatment, you'll either receive more treatment if the cancer hasn't gone away, or you'll start follow-up care if the cancer has gone away. General follow-up includes regular doctor visits to check for late side effects and signs that cancer has returned (called recurrence).

Questions to ask

- Has the cancer grown far outside the nasopharynx? What does this mean in terms of treatment options?
- What treatments do you recommend and why? What's the goal of treatment?
- How long will this course of treatment take?
- How can I prepare for treatment?
- What will you do to manage any side effects? Who can I call if I experience side effects on the weekend or when the doctor's office is closed?

7
Supportive care

42 What is supportive care?

42 Treating common side effects

44 Additional help for speech and swallowing, wound and pain management, and dental care

45 Nutritional support

45 Help to stop smoking and drinking alcohol

45 Key points

45 Questions to ask

Supportive care is given to improve your quality of life. It helps manage the symptoms of nasopharyngeal cancer and the side effects of treatment. Supportive care can also help with other needs, such as paying for care, getting transportation to care, and more. This chapter talks about supportive care as well as the possible side effects of nasopharyngeal cancer treatments and how they're managed.

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. It 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 can help relieve symptoms and pain caused by cancer.

Supportive care provides help with additional needs, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advance 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.



Treating common side effects

All cancer treatments can cause unwanted health issues or side effects. Side effects depend on many factors, such as the particular treatments you get. Some side effects may be harmful to your health while others are just unpleasant. Your care team can help you manage side effects, and it's important to tell them if you have any new or worsening symptoms.

Some possible side effects of nasopharyngeal cancer treatment are described next. There could be additional acute (happening during and immediately after treatment) and late (happening months to years after treatment) side effects. Talk to your care team for a detailed discussion of all possible side effects.

Dry mouth

Dry mouth (medically called xerostomia) is common in people with nasopharyngeal cancer. It can last for weeks or years or may be permanent. This is because radiation therapy to the throat and neck area can damage your salivary glands, causing your body to make less spit (saliva) than before. As a result, your mouth can become dry.

Drinking plenty of water; using special mouth rinses; and avoiding beverages with caffeine, alcohol, or sugar may help. Your care team may recommend that you avoid sugar-based candies or gum because they can lead to dental problems. Products, such as lozenges and chewing gum, that contain the sugar substitute xylitol are safe to use. Your doctor may prescribe medications to improve saliva production, too.

Swelling (lymphedema)

Lymphedema is when the lymphatic system isn't able to drain fluid properly, so it builds up and causes swelling. Damage or blockages in the lymphatic system can cause this to happen. Cancers that block lymph vessels can also cause lymphedema.

Swelling usually develops slowly over time. It may happen during treatment, or it may start years after treatment. If you have lymphedema, you may be referred to a physical therapist or an occupational therapist. The swelling can be reduced by exercise, massage, and compression devices.

Hearing and balance issues (audiology)

Hearing loss can be mild or serious. Your care team will work with you to assess your hearing status and manage any hearing loss. They may recommend that you see an audiologist, who is an expert at diagnosing, treating, and managing problems with hearing and balance.

Skin reactions (sometimes called radiation burn)

The skin reaction many people call radiation burn (also known as radiation dermatitis) is a very common side effect. It's when the skin changes color and/or is dry, itchy, peeling, blistering, or swollen after radiation therapy. Your care team will help you find the best treatment for this type of skin reaction. It's important not to apply ointments, lotions, or creams before you speak with your radiation oncology team.

Distress

Depression, anxiety, and sleeping issues are common after a cancer diagnosis or during treatment. Talk to your care team and the people you feel most comfortable with about how you're feeling. There are services, people, and medicines that can help you.

Additional help for speech and swallowing, wound and pain management, and dental care

Speech and swallowing therapy

Nasopharyngeal cancer and its treatment can affect talking and swallowing. If treatment might affect or has already affected speech and/or swallowing, your care team may do a formal speech and swallowing evaluation. They'll examine your oral health, dental health, and nutrition.

Throughout treatment, your care team will check on you to help with side effects, and some people may even see speech-language pathologists.

To help with throat movement, you may be given range-of-motion and strengthening exercises. Certain people might receive vitamin E, the drug pentoxifylline (used to improve blood flow), and/or custom mouth devices.

Wound and pain management

Your care team will help you manage any wounds caused by cancer or its treatment. It's important to keep the wound area clean. Ask your care team how to care for the wounds so they don't get infected.

Additionally, tell your care team about any pain or discomfort you experience. You might meet with a palliative care specialist or pain specialist to manage pain. Some people benefit from palliative radiation therapy, which is radiation therapy that's given to help relieve cancer symptoms. Certain medicines can also help.

Dental care

Radiation therapy and chemotherapy have side effects that affect the mouth area. Seeing a dentist throughout treatment for nasopharyngeal cancer is very important, and specialized dentists are a key part of your care team.

Supportive care resources

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



Nutritional support

The symptoms of nasopharyngeal cancer, the side effects of its treatment, and the stress of having cancer might cause you to feel sick to your stomach (nauseated) or not hungry. Many people with nasopharyngeal cancer experience weight loss. You may have a sore mouth or difficulty swallowing.

It's common for care teams to suggest you see a registered dietitian for nutrition counseling before starting treatment. A dietician can help make sure you're getting the nutrients you need. In certain cases, some people who have had serious weight loss, ongoing dehydration, or pain while eating will get a feeding tube. If you need a feeding tube, a dietitian will help you manage feedings through the tube. These tubes can be placed through the nose into your stomach, or they may be directly inserted into your stomach.

Help to stop smoking and drinking alcohol

Smoking and drinking excessive quantities of alcohol affects your health, increases the risk of developing oral cancers, and can interfere with treatment. Your care team will support you and provide you with resources to help with quitting. It's important to know that smoking impacts your body's response to cancer medicine, can damage cells in your body, and can make the side effects of treatment worse.

Key points

- Supportive care is given to improve your quality of life. It helps manage the symptoms of nasopharyngeal cancer and the side effects of treatment.
- Supportive care also helps with other needs, such as paying for care, getting transportation to care, and more.
- All cancer treatments can cause unwanted health issues or side effects. Side effects depend on many factors, such as the particular treatments you get.
- Common side effects of nasopharyngeal cancer and its treatment include dry mouth, swelling (lymphedema), hearing and balance issues (audiology), skin reactions (sometimes called radiation burn), and distress and depression.
- You'll get additional help for speech and swallowing, wound care, and dental needs.
- Your care team will also provide nutritional support and help you stop smoking and drinking alcohol if needed.

Questions to ask

- What are the side effects of my treatment? How are they treated, and what can I expect?
- How can I best prepare for treatment?
- What should I do if I notice changes in my condition? Is there a number I can call to reach my doctors?
- 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 if I need to get care there?

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Other resources

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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:

- What part of the throat the nasopharynx is in
- If nasopharyngeal cancer is similar to other kinds of throat cancer
- How radiation therapy is given
- If any chemotherapies are pills they can take at home or if they're given by injection or IV
- What resources are available to help them pay for care

What else to do

Your health care center can help you with next steps. It often has on-site 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

Questions to ask

- Who can I talk to about help with housing, food, and other needs?
- How can I connect with others and build a support system?
- How can I reach my doctors after hours or on weekends?
- Can you help me learn more about clinical trials and which ones are available?
- Can I get a second opinion? How do I do that?

"There are experts out there who treat your type of cancer and there are resources and support available to you. Don't be afraid to ask your doctor questions or ask your friends for help."





Words to know

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

chemotherapy
Treatment that kills cancer cells throughout the body.

clinical trial
A type of research that studies investigational tests or treatments in people.

computed tomography (CT) scan
An imaging scan that uses x-rays to take many images of the body from different angles.

contrast
A substance put into the body to make the pictures clearer during imaging scans.

dentist
A doctor who specializes in caring for teeth, gums, and tissue in the mouth.

diagnosis
Identification of an illness or disease based on tests.

Epstein-Barr virus (EBV)
A common virus that's a member of the herpes virus family and spreads through body fluids, such as saliva (spit). It can cause a disease known as mononucleosis (mono). The virus is usually dormant or inactive, but some people have symptoms and feel sick.

external beam radiation therapy (EBRT)
When radiation therapy is directed at the tumor and delivered from outside the body where it passes through the skin to reach the cancer. Most radiation therapy given for nasopharyngeal cancer is EBRT. There are many kinds of EBRT, including intensity-modulated radiation therapy (IMRT), proton beam therapy, stereotactic body radiotherapy (SBRT), and 3D-conformal radiation therapy (3D-CRT).

follow-up care
Care that happens after treatment has ended. Follow-up care includes regular doctor visits to check for late side effects and signs that cancer has returned.

imaging scans
Tests that make pictures (images) of the inside of the body.

immobilization mask
A form-fitting device resembling a hockey goalie mask that's made for you to keep your head, and possibly your shoulders, still during radiation therapy.

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

immunotherapy
Treatment that uses the immune system to fight cancer.

internal radiation therapy
When radiation is placed inside the body (such as in pellets or rods), either directly in the tumor or near it. Brachytherapy is a type of internal radiation therapy.

lymph node
A small, bean-shaped, disease-fighting structure in the immune system. There are hundreds of lymph nodes in the body.

lymphedema
A condition where the lymphatic system isn't able to drain fluid properly, so it builds up and causes swelling.

magnetic resonance imaging (MRI) scan
An imaging scan that uses radio waves and powerful magnets to take pictures of the inside of the body.

metastasis
Spread of cancer cells from the first tumor to another part of the body.

nasopharynx
The upper part of the throat behind the back of the nose. The nasopharynx is part of the pharynx (the pharynx also includes the hypopharynx and oropharynx).

oncologist
A doctor who's an expert in diagnosing and treating cancer.

otolaryngologist
A doctor who diagnoses and treats ear, nose, and throat (ENT) conditions. May also do head and neck surgeries.

pharynx
A muscular tube about 5 inches in size that's part of the throat. It starts behind the nose, goes down behind the mouth, and opens into the larynx (voice box) and esophagus. Air, food, and water pass through it. It's divided into 3 parts: the nasopharynx, hypopharynx, and oropharynx.

positron emission tomography (PET) scan
An imaging scan that shows whether cells in the body are functioning normally or abnormally by highlighting cells that may be cancerous.

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

prognosis
The likely course and outcome of a disease.

radiation therapy
Treatment that uses high-energy rays (radiation) to kill cancer cells.

recurrence
Return of cancer after a cancer-free period.

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

staging
Rating and describing how much cancer is in the body and where it is.

supportive care
Health care for the symptoms of cancer and the side effects of cancer treatment. It also addresses mental, social, spiritual, and emotional concerns.

systemic therapy
Treatment that works throughout the body. Chemotherapy, targeted therapy, and immunotherapy are types of systemic therapy.

targeted therapy
Treatment that targets specific or unique features of cancer cells.

throat
A muscular tube that air, food, and liquids pass through. It starts behind the nose and ends at the top of the tube (esophagus) that goes to the stomach. The throat includes the pharynx, larynx (voice box), tonsils, and adenoids.

TNM staging system (also called The American Joint Committee on Cancer [AJCC] TNM staging system)
A system used to figure out the stage of nasopharyngeal cancer. It uses the letters T (primary [main] tumor), N (lymph node), and M (metastasis) to describe where cancer is and how much of it there is.

tumor
An abnormal mass of tissue.

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The University of Texas MD Anderson Cancer Center
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San Francisco, California

University of Colorado Cancer Center
Aurora, Colorado

University of Michigan Rogel Cancer Center
Ann Arbor, Michigan

University of Wisconsin Carbone Cancer Center
Madison, Wisconsin

UT Southwestern Simmons
Comprehensive Cancer Center
Dallas, Texas

Vanderbilt-Ingram Cancer Center
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