به نام خرد و شرف

امید روشنایی در تیرگی ها هم هست.

به هشتمین سمینار جامع سرطان شناسی استان گیلان (GCOC 8) خوش آمدید.

Panel subject: 2024/02/22

Nasopharynx Cancer

گرداننده پانل: آقای دکتر فرزین دهسرا (متخصص رادیوآنکولوژی)

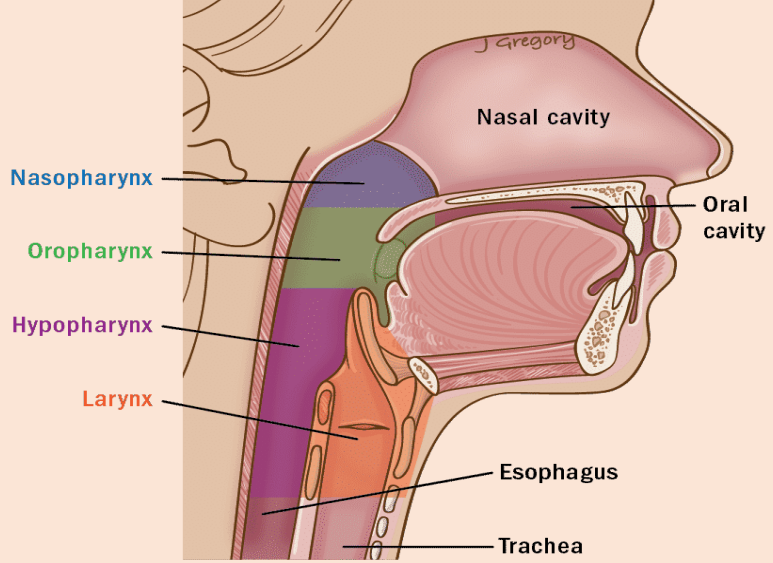
اعضای پانل:

آقای دکتر کیوان آقازاده
(متخصص ENT)

آقای دکتر پیمان دبیرمقدم
(متخصص ENT)

آقای دکتر احمد عامری
(متخصص رادیوآنکولوژی)

آقای دکتر حسین یحیی زاده
(متخصص رادیوآنکولوژی)



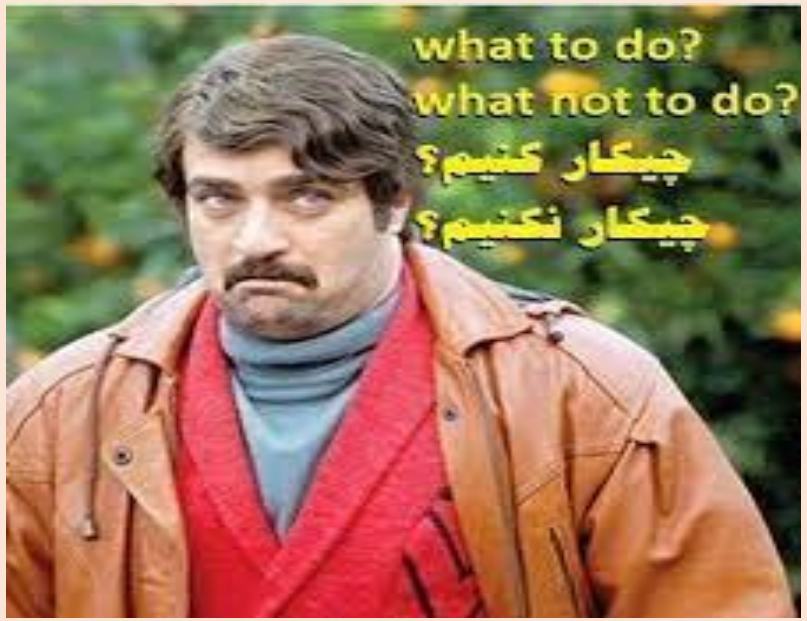
- **H:** A 47 year old male who is an electronic engineer has come to us with the complaint of painless mass in Rt upper neck, nasal speech and bilateral aural problems since 4 months ago and recently diplopia. What other Qs should we ask?

- **HH:** smokes and drinks seldom, Married, Has 2 small children.

- **PMH:** DM 2, mild, since 4 years ago
- FH: his uncle has had rectal CA , now is ok.

- **P:** a 3*2 cm non tender and firm mass in Rt upper neck + 6th left cranial nerve palsy

- What should we do now? (WSWDN?)

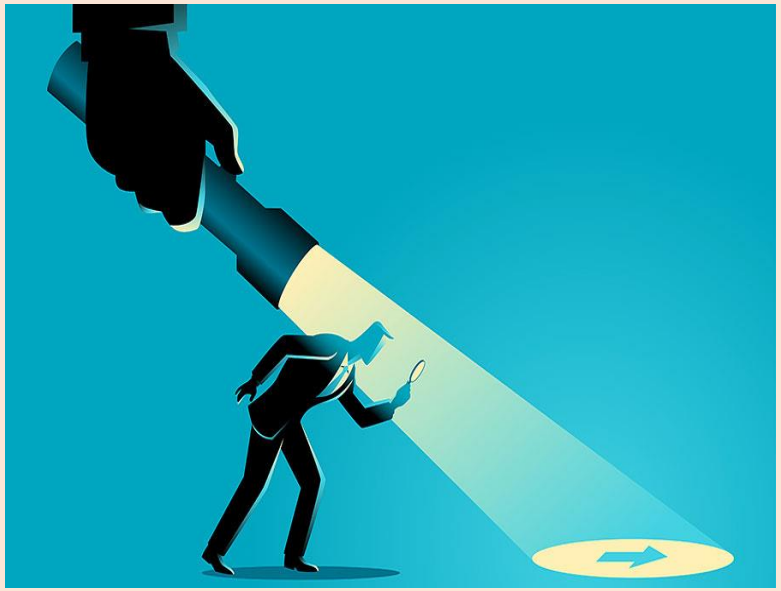


- After initial W/U we have these findings:
- CBC, BUN/Cr, LFT, Ca/P: Nl, LDH: 400, ESR2h: 40, Ferritin,TIBC: Nl, FBS, HbA1C: Nl. INR,PTT: Nl, TFT: Nl. CEA : Nl

- **Imaging?**
- **FN MRI+-GAD:** NP enhancing mass, 47*44*38 mm, bilateral neck multi LAPs. the largest: Rt side 33*25*25 mm.

  Lt PN sinus bone destruction.

- **EUA:** A 5*4 cm NP mass, biopsy done
- **Patho report: NP SCC, grade 2**
- **What should ENT specialist do now?**



- **He refers the patient to a radiation oncologist.**

- What should a RO do now?

- **Stage?**

- **FNCAP CT-scan:** NP enhancing mass, Lt PN sinus bone destruction. 45*43*34 mm, bilateral neck LAPs, the largest: Rt side 32*25*25 mm. Lung: Nl, Liver: Nl.

- **Brain MRI +- GAD is needed?**

- Before initiating chemotherapy and radiotherapy, complete dental exam is needed.

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Cancer of the Nasopharynx

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WORKUP

- H&P[a,b] including a complete head and neck exam; mirror examination as clinically indicated
- Nasopharyngeal fiberoptic examination
- Biopsy of primary site or FNA of the neck[c]
- MRI with and without contrast of skull base to clavicle ± CT of skull base/neck with contrast to evaluate skull base erosion
- Imaging for distant metastases with FDG-PET/CT and/or chest CT with contrast[d]
- Consider Epstein-Barr virus (EBV)/DNA testing[e]
- As clinically indicated:
  - Dental/prosthodontic evaluation[f]
  - Nutrition, speech and swallowing evaluations/therapy[g]
  - Audiogram
  - Consider ophthalmologic and endocrine evaluation
  - Smoking cessation counseling[a]
  - Fertility/reproductive counseling[h]
  - Screening for hepatitis B
- Multidisciplinary consultation as clinically indicated

CLINICAL STAGING

M0 → NASO-2

M1 → NASO-3

Table 2
American Joint Committee on Cancer (AJCC)
TNM Staging System for the Nasopharynx (8th ed., 2017)
(The following types of cancer are not included: Mucosal melanoma, lymphoma, sarcoma of the soft tissue, bone and cartilage.)

Primary Tumor (T)

TX	Primary tumor cannot be assessed
T0	No tumor identified, but EBV-positive cervical node(s) involvement
Tis	Carcinoma *in situ*
T1	Tumor confined to nasopharynx, or extension to oropharynx and/or nasal cavity without parapharyngeal involvement
T2	Tumor with extension to parapharyngeal space, and/or adjacent soft tissue involvement (medial pterygoid, lateral pterygoid, prevertebral muscles)
T3	Tumor with infiltration of bony structures at skull base, cervical vertebra, pterygoid structures, and/or paranasal sinuses
T4	Tumor with intracranial extension, involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/ or extensive soft tissue infiltration beyond the lateral surface of the lateral pterygoid muscle

Regional Lymph Nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Unilateral metastasis in cervical lymph node(s) and/or unilateral or bilateral metastasis in retropharyngeal lymph node(s), 6 cm or smaller in greatest dimension, above the caudal border of cricoid cartilage
N2	Bilateral metastasis in cervical lymph node(s), 6 cm or smaller in greatest dimension, above the caudal border of cricoid cartilage
N3	Unilateral or bilateral metastasis in cervical lymph node(s), larger than 6 cm in greatest dimension, and/or extension below the caudal border of cricoid cartilage

Distant Metastasis (M)

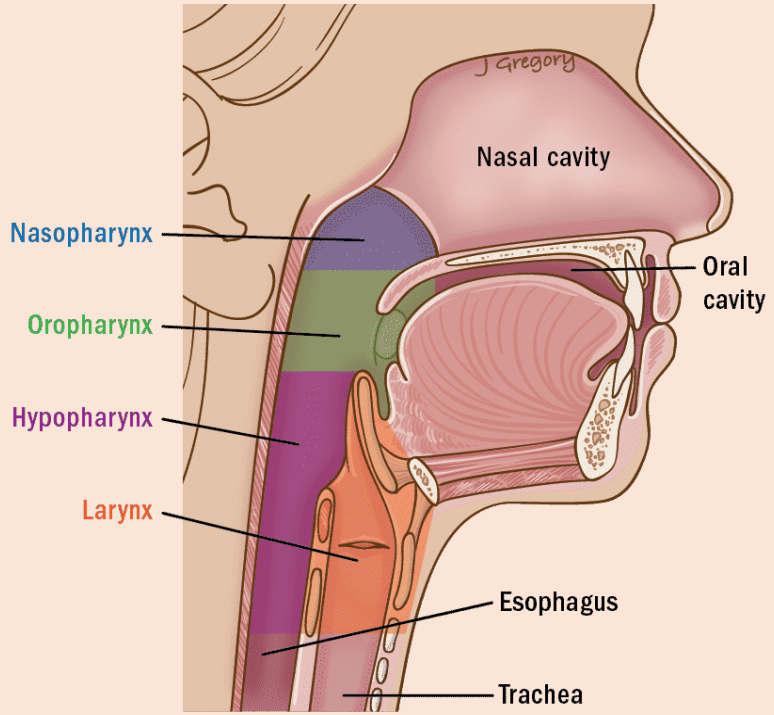
M0	No distant metastasis
M1	Distant metastasis

Histologic Grade (G)
A grading system is not used for NPCs.

Anatomic Stage/Prognostic Groups

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T0,T1	N1	M0
	T2	N0,N1	M0
Stage III	T0,T1,T2	N2	M0
	T3	N0,N1,N2	M0
Stage IVA	T4	N0,N1,N2	M0
	Any T	N3	M0
Stage IVB	Any T	Any N	M1

Stage: T4 N2 M0 (4A)



- EBV DNA copy number?
- Tx?

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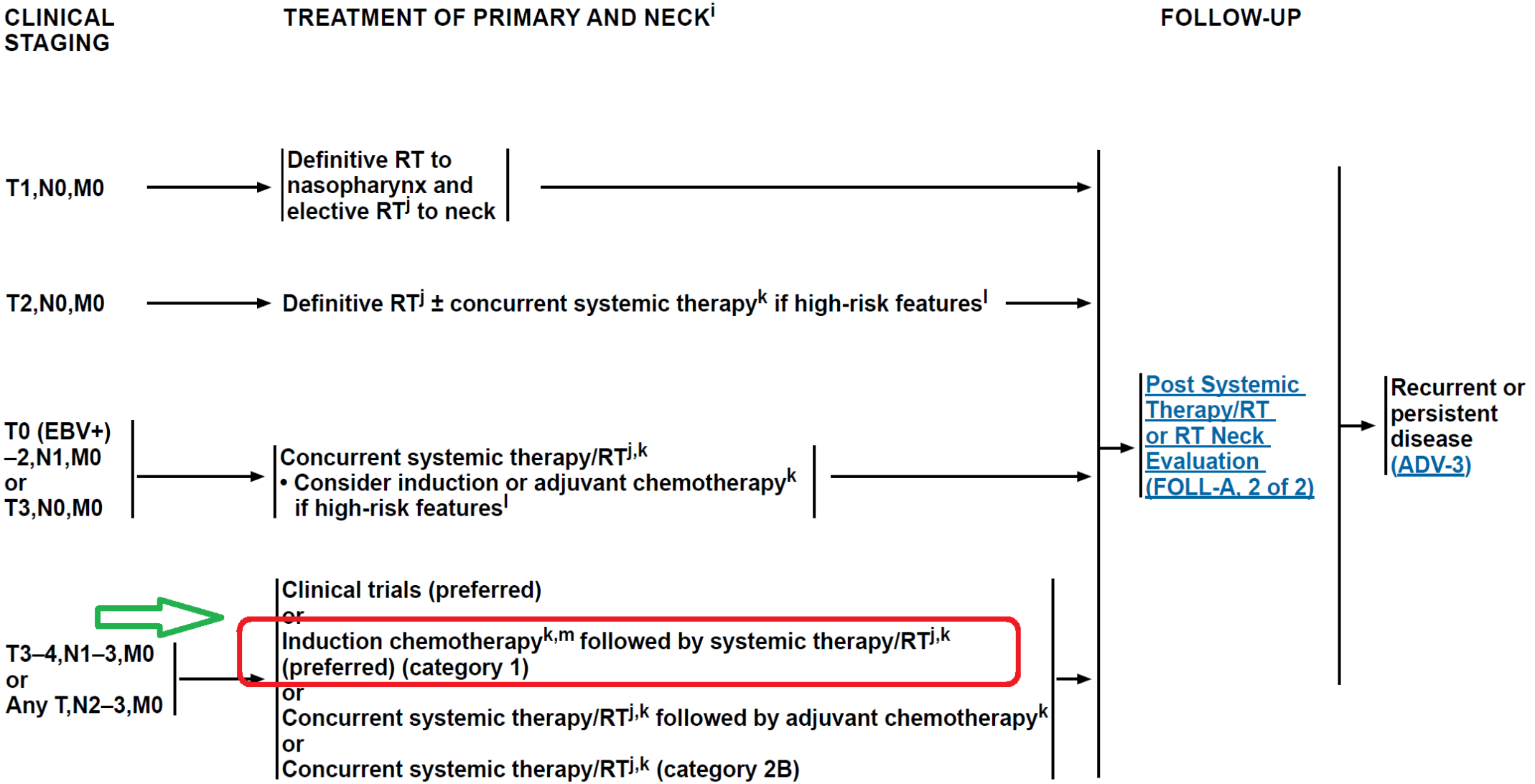


- 3 ChT (TPF), Then EBRT (7020 cGy/39 F) + concurrent weekly cisplatin 50 mg/W.

- **His symptoms improved significantly after 3 courses of TPF.**

- 6W after completion of RT, he was referred again to head and neck oncosurgeon to be examined.

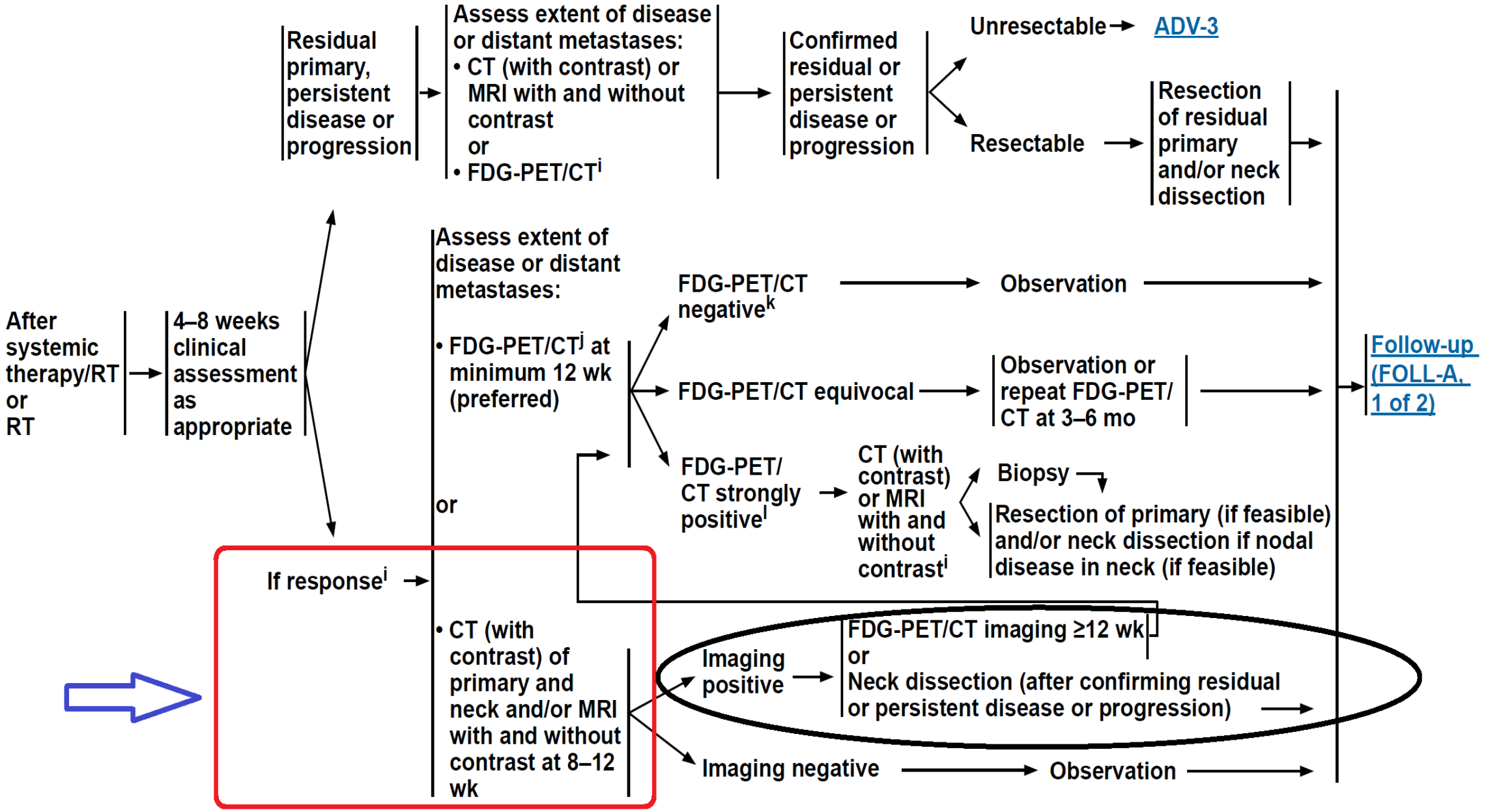
- The mass size has decreased significantly in exam. 1 * 1 cm in NP, taking biopsy needed?

- FU?

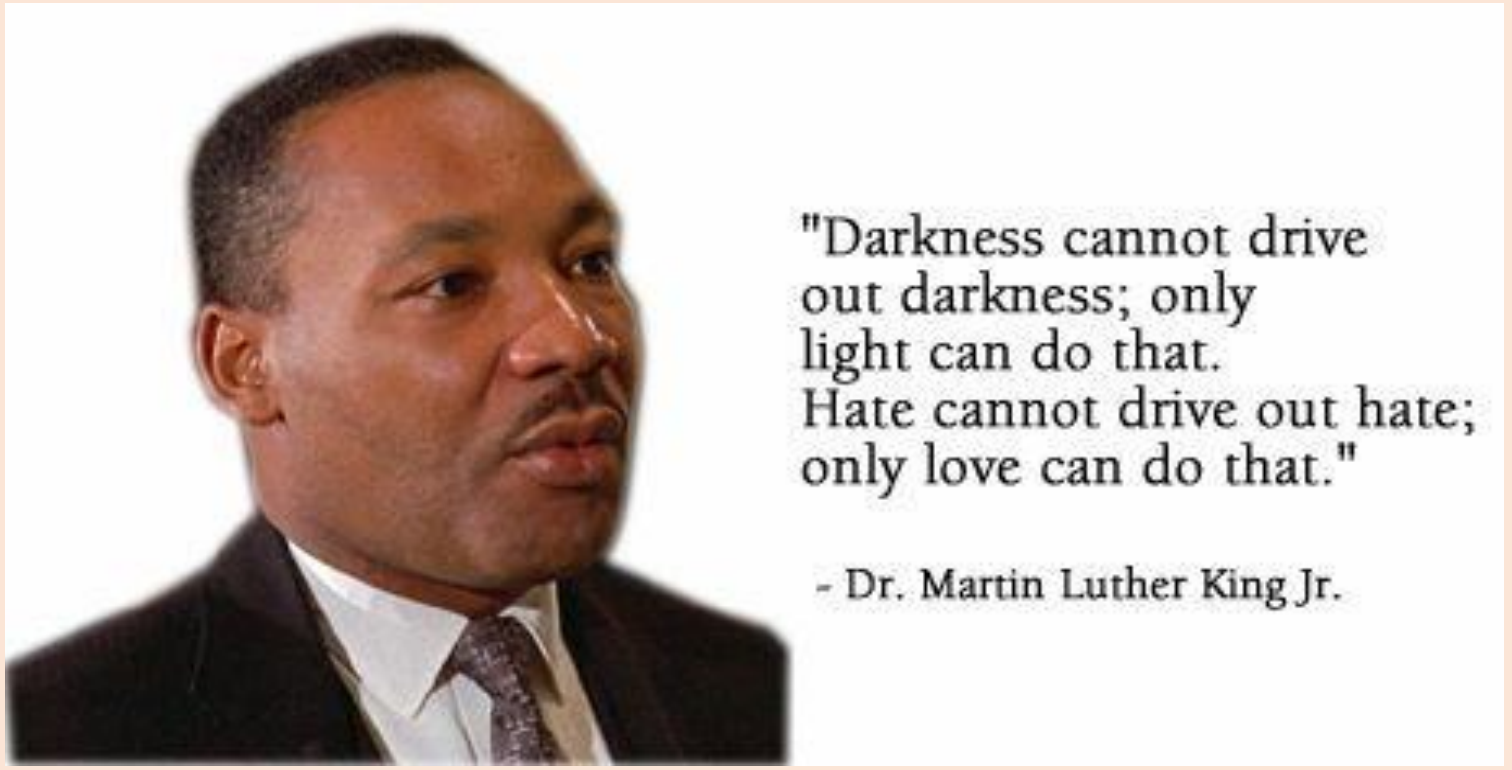
- PET, CT or MRI?

- 2m after completion of RT, FNC CT-scan requested:
- **The mass size has decreased significantly 1 * 1 cm in NP, enhancing mass. neck: Nl.**
- WSWDN?

FOLLOW-UP RECOMMENDATIONS
POST SYSTEMIC THERAPY/RT OR RT NECK EVALUATION[h]



I have a dream, dream of freedom, freedom for all my countrymates …



Thank you for your attention