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## Treating Nasopharyngeal Cancer

If you've been diagnosed with nasopharyngeal cancer (NPC), your treatment team will discuss your options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

### How is nasopharyngeal cancer treated?

After nasopharyngeal cancer (NPC) is found and staged, your cancer care team will discuss treatment options with you. Depending on the stage of the cancer, your overall health, and other factors, your treatment options may include:

- [Surgery for Nasopharyngeal Cancer](#)
- [Radiation Therapy for Nasopharyngeal Cancer](#)
- [Chemotherapy for Nasopharyngeal Cancer](#)
- [Targeted Drug Therapy for Nasopharyngeal Cancer](#)
- [Immunotherapy for Nasopharyngeal Cancer](#)

### Common treatment approaches

Depending on the stage of the cancer, you may get more than 1 of these treatments.  
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- An **otolaryngologist** (also known as an ear, nose, and throat, or ENT doctor): a surgeon who treats certain diseases of the head and neck.
- A **radiation oncologist**: a doctor who treats cancer with radiation therapy.
- A **medical oncologist**: a doctor who treats cancer with medicines such as chemotherapy, immunotherapy, or targeted drug therapy.
- A **plastic surgeon**: a doctor who specializes in reconstructing or repairing parts of the body
- An **oral and maxillofacial surgeon**: a dental surgeon who treats diseases of the mouth, teeth, and jaws.

You might have many other specialists on your treatment team as well, including physician assistants, nurse practitioners, nurses, nutrition specialists, social workers, and other health professionals.

- [Health Professionals Associated with Cancer Care](#)

### **Making treatment decisions**

It's important to discuss all treatment options, including treatment goals herdprg ET Q BT 1 0 0 1 72

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- [Clinical Trials](#)

## Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

**Complementary** methods refer to treatments that are used *along with* your regular medical care. **Alternative** treatments are used instead of standard medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Integrative Medicine](#)

## Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

Different types of programs and support services may be helpful, and they can be an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call us at 1-800-227-2345 and speak with one of our caring, trained specialists.

- [Palliative Care](#)
- [Programs & Services](#)

### **Choosing to stop treatment or choosing no treatment at all**

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors when you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)

*The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of*

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## **Surgery for Nasopharyngeal Cancer**

it is close to other critical structures, and because other types of treatment often work well. Surgery is more often done to remove lymph nodes in the neck that haven't responded to other treatments.

## Quit smoking before nasopharyngeal cancer surgery

**If you smoke, you should quit.** Smoking during cancer treatment is linked to poor wound healing, more side effects, and less benefit from treatment which can raise your risk of the cancer coming back (recurrence). Smoking after treatment can also increase the chance of getting another new cancer. **Quitting smoking for good (before treatment starts, if possible) is the best way to improve your chances of survival.** It is never too late to quit. For help, see [How To Quit Using Tobacco](#)<sup>1</sup>.

## Surgery to remove the tumor

*Since these cancers are not common in the US and are located near many critical structures in your head and neck, it's very important to go to a cancer center that has experience treating these cancers. This will help coordinate care between cancer specialists to make a complete treatment plan and might help people live longer.*

## Endoscopic surgery

For endoscopic surgery, doctors put flexible fiber-optic scopes and long, thin surgical instruments into the nasal cavity through the nostrils to completely remove some nasopharyngeal tumors (an operation called **endoscopic nasopharyngectomy**). This type of surgery is an option for people as a first treatment for small cancers or for small cancers that have come back after the initial treatment. It can help some people live longer. These complex procedures are done only in specialized centers.

Surgery does have some advantages over other treatments such as [radiation therapy](#) – for example, doctors can look at the removed tumor (and nearby tissues) closely in the lab to make sure that no cancer has been left behind.

## Surgery to remove lymph nodes

Cancers of the nasopharynx often spread to the [lymph nodes](#)<sup>2</sup> in the neck. These cancers often respond well to treatment with radiation therapy (and sometimes [chemotherapy](#)). But if some cancer remains after these treatments, an operation called a **neck dissection** may be needed to remove these lymph nodes. Lymph nodes in the neck might also be taken out to see if there are cancer cells in them.

There are several types of neck dissection surgery. The difference is in how much tissue is removed from the neck. Depending on the location of the tumor, lymph nodes may be removed from both sides of the neck.

- A **selective neck dissection**: No nerves, veins, or muscles are affected during this type of neck dissection and only lymph nodes in **selected** parts of the neck are removed. This type of surgery removes fewer normal structures to try to keep your shoulder and neck working normally.
- A **comprehensive neck dissection**: Some nerves, veins, and muscles might be removed, along with all of the lymph nodes in the neck.

## Possible risks and side effects of surgery

The risks and side effects of any surgery depend on the extent of the operation and a person's general health before the surgery. If you are considering surgery, your doctor will discuss the likely side effects with you beforehand. Be sure you understand how surgery may affect how you look and how your body works.

All surgery carries some risk, including the possibility of [blood clots](#)<sup>3</sup>, bleeding, [infections](#)<sup>4</sup>, complications from anesthesia, and pneumonia. Most people will have some pain for a while after the operation, although this can usually be controlled with medicines. These risks are generally low but are higher with more complicated operations. Rarely, some people do not survive the surgery.

Possible risks and side effects of endoscopic surgery of the nasopharynx area include meningitis, fluid in the inner ear, numbness around the eye, watery eyes, or lockjaw.

Side effects of a neck dissection can include numbness of the ear, weakness when raising the arm above the head, and weakness of the lower lip due to nerve damage from surgery. Nerves heal slowly, so sometimes these side effects can improve over time, especially when physical therapists teach you exercises to improve neck and shoulder strength and movement.

If more extensive surgery is needed, the side effects may be permanent. After more extensive neck dissections, physical therapists can teach you exercises to improve neck and shoulder strength and movement.

## More information about Surgery

For more general information about surgery as a treatment for cancer, see [Cancer Surgery](#)<sup>5</sup>.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)<sup>6</sup>.

## Hyperlinks

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# Radiation Therapy for Nasopharyngeal Cancer

- [Quit smoking before nasopharyngeal cancer treatment](#)
- [External beam radiation therapy \(EBRT\) for nasopharyngeal cancer](#)
- [Brachytherapy \(internal radiation\)](#)
- [Chemoradiation](#)
- [Possible side effects of radiation therapy for nasopharyngeal cancer](#)
- [More information about radiation therapy](#)

*Since these cancers are not common in the US and are located near many critical structures in your head and neck, it's very important to go to a cancer center and radiation oncologist who has experience treating these cancers. This will help coordinate your care between cancer specialists to make a complete treatment plan.*

Radiation therapy uses high-energy x-rays or particles to kill cancer cells or slow their rate of growth. Most nasopharyngeal cancers (NPC) are sensitive to radiation, so it's usually part of the initial treatment if the NPC has not spread outside the head and neck region.

Radiation can be used in many ways to treat NPC:

- **As the main treatment** for cancers that are small and have not spread to lymph nodes in the neck



imaging test or physical exam, radiation is still used, just in case a few cancer cells have spread there. If the lymph nodes are known to have cancer cells, higher radiation doses are used.


Radiation to this part of your body can cause problems for your teeth and gums, so **it's important to see a dentist before starting treatment**. A dentist can make sure your mouth is healthy before treatment. They might recommend that certain bad teeth be

## Different types of EBRT

There are advanced EBRT techniques that help doctors focus the radiation more precisely or use different types of radiation, like protons.

**Intensity-modulated radiation therapy (IMRT) is most often used to treat NPC.** It is a type of conformal therapy that uses a computer-driven machine that moves around the patient as it delivers radiation. Along with shaping the beams and aiming them at the tumor from several angles, the intensity (strength) of the beams can be adjusted to limit the dose reaching the nearby normal tissues and important structures. This may let the doctor give a higher dose to the tumor and helps reduce side effects.

**Proton beam radiation therapy** focuses proton beams on the cancer. Unlike x-rays,

better than radiation alone, but it also tends to have more side effects. (You can find more on this in )

with EBRT. The damage doesn't cause problems that are noticed right away, so your doctor will watch your thyroid function with blood tests in the years after treatment. If your thyroid function goes down, pills to replace thyroid hormone may be needed.

- **Damage to the pituitary gland:** The pituitary gland controls many hormones in the body. Blood tests can be used to find abnormal hormone levels if the pituitary is damaged by radiation treatment. If the damage is serious enough, it might require taking certain hormones to replace the ones that are missing.
- **Damage to the carotid arteries:** These are major blood vessels in the neck that carry blood to the brain. They can sometimes become narrowed after radiation. This could raise a person's risk of stroke or other problems, but it usually takes several years to occur.

## More information about radiation therapy

To learn more about how radiation is used to treat cancer, see [Radiation Therapy](#)<sup>4</sup>.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)<sup>5</sup>.

## Hyperlinks

1. [www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html](http://www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html)
2. [www.cancer.org/cancer/managing-cancer/treatment-types/radiation/external-beam-radiation-therapy.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/radiation/external-beam-radiation-therapy.html)
3. [www.cancer.org/cancer/managing-cancer/treatment-types/radiation/internal-radiation-therapy-brachytherapy.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/radiation/internal-radiation-therapy-brachytherapy.html)
4. [www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html)
5. [www.cancer.org/cancer/managing-cancer/side-effects.html](http://www.cancer.org/cancer/managing-cancer/side-effects.html)

## References

Chao HL, Liu SC, Tsao CC, et al. Dose escalation via brachytherapy boost for nasopharyngeal carcinoma in the era of intensity-modulated radiation therapy and combined chemotherapy. *J Radiat Res.* 2017;58(5):654-660. doi:10.1093/jrr/rrx034.

Leeman JE, Katabi N, Wong, RJ, Lee NY, and Romesser PB. Chapter 65 - Cancer of

the Head and Neck. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6<sup>th</sup> ed. Philadelphia, Pa: Elsevier; 2020.

Mendenhall WM, Dziegielewska PT, and Pfister DG. Chapter 45- Cancer of the Head and Neck. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11<sup>th</sup> ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

Murakami N, Cheng G, Yoshimoto S, Itami J. Image-guided interstitial brachytherapy boost for nasopharyngeal carcinoma: technical aspects. *J Contemp Brachytherapy*. 2020;12(3):294-302. doi:10.5114/jcb.2020.96874.

Nag S, Cano ER, Demanes DJ, Puthawala AA, Vikram B; American Brachytherapy Society. The American Brachytherapy Society recommendations for high-dose-rate brachytherapy for head-and-neck carcinoma. *Int J Radiat Oncol Biol Phys*. 2001;50(5):1190-1198. doi:10.1016/s0360-3016(01)01567-x.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Head and Neck Cancers, Version 3.2021 – April 27, 2021. Accessed at [www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf) on May 20, 2021.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Smoking Cessation. V.1.2021 – February 18, 2020. Accessed at [https://www.nccn.org/professionals/physician\\_gls/pdf/smoking.pdf](https://www.nccn.org/professionals/physician_gls/pdf/smoking.pdf) on May 20, 2021.

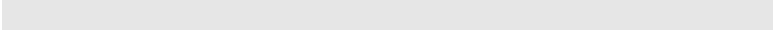
Wong KCW, Hui EP, Lo KW, et al. Nasopharyngeal carcinoma: an evolving paradigm. *Nat Rev Clin Oncol*. 2021;18(11):679-695. doi:10.1038/s41571-021-00524-x.

Yan H, Mo Z, Xiang Z, et al. CT-guided <sup>125</sup>I brachytherapy for locally recurrent nasopharyngeal carcinoma. *J Cancer*. 2017;8(11):2104-2113. Published 2017 Jul 5. doi:10.7150/jca.19078.

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## Chemotherapy for Nasopharyngeal Cancer



## How is chemotherapy given?

Chemo drugs for nasopharyngeal cancer are usually given by mouth or into a vein (IV) as an infusion over a certain period of time. This can be done in a doctor's office, infusion center, or in a hospital setting.

Often, a slightly larger and sturdier IV is required in the system for chemo. These IVs are known as [central venous catheters](#)<sup>2</sup>(CVCs), central venous access devices (CVADs), or central lines. They are used to put medicines, blood products, nutrients, or fluids right into your blood. They can also be used to take blood for tests. There are many kinds of CVCs. The most common types are the port and the PICC line.

Chemotherapy is given in cycles: one drug or a combination of drugs given on a set schedule, followed by a rest period. Common schedules of chemo cycles can be once a week, once every 3 weeks, or once every 4 weeks. The schedule depends on the drugs used. The chemo schedule repeats to start the next cycle.

Adjuvant or induction chemo is often given for 2 or 3 months, depending on the drugs used.

Chemo might not be a good option for people in poor health, but advanced age by itself should not keep anyone from getting chemo.

## Common chemo drugs used to treat NPC

**Cisplatin** is the chemo drug used most often to treat NPC. It can be used alone or as part of chemoradiation (see below). Or it may be combined with another drug, **5-fluorouracil (5-FU)** or **gemcitabine**, to be given after chemoradiation or as induction chemotherapy. Sometimes, **carboplatin** might be used if cisplatin is not a good choice.

Some other drugs that might also be helpful in treating NPC with or without radiation include:

- Carboplatin (Paraplatin)
- Epirubicin (Ellence)
- Paclitaxel (Taxol)
- Docetaxel (Taxotere)
- Gemcitabine (Gemzar)

- Capecitabine (Xeloda)
- Methotrexate

A chemo drug may be used alone or combined with other drugs. Combining drugs can often shrink tumors better but tend to cause more side effects.

## Chemoradiation

**Chemoradiation is chemotherapy given at the same time as radiation.** It has been shown to shrink nasopharyngeal tumors more than either treatment alone and is helpful for people whose cancers are locally advanced. But this combined approach can be hard to tolerate, especially for people in poor health.

A preferred schedule is to give a dose of cisplatin every 3 weeks (for a total of 2 to 3 doses) during radiation. For people who cannot tolerate cisplatin, carboplatin might be used with radiation instead.

## Possible side effects of chemotherapy

Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells in the body such as those in the bone marrow, the lining of the mouth and intestines, and the hair follicles also divide quickly. This can lead to certain side effects.

The side effects of chemo depend on the type and dose of drugs given and how long they are taken. Common short-term side effects can include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Diarrhea
- Fever
- Rash

Chemo can also affect the blood-producing cells of the bone marrow, which can lead to:

- Increased chance of infections (from low white blood cell counts)
- Easy bruising or bleeding (from low blood platelet counts)



- Fatigue (from low red blood cell counts)

Along with the risks above, some side effects are seen more often with certain chemo drugs. For example, 5-FU often causes [diarrhea](#)<sup>3</sup>. This might need to be treated with drugs like loperamide. Cisplatin, docetaxel, and paclitaxel can cause nerve damage (called [neuropathy](#)<sup>4</sup>). This can lead to numbness and tingling in the hands and feet or hearing loss. This often improves once treatment is stopped, but for some people it can last a long time. Cisplatin can also damage kidneys . To help prevent this, intravenous (IV) fluid is given before and after each dose.

These side effects usually go away over time after treatment ends. Once chemo starts, let your health care team know if you have side effects, so they can be treated. There are ways to prevent or treat many of them . For example, many drugs are available to help prevent or treat nausea and vomiting. In some cases, the doses of the chemo drugs may need to be reduced or treatment may need to be delayed or stopped to keep side effects from getting worse.

## More information about chemotherapy

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Chen YP, Tang LL, Yang Q, et al. Induction Chemotherapy plus Concurrent Chemoradiotherapy in Endemic Nasopharyngeal Carcinoma: Individual Patient Data Pooled Analysis of Four Randomized Trials. *Clin Cancer Res*. 2018;24(8):1824-1833.

Leeman JE, Katabi N, Wong RJ, Lee NY and Romesser PB. Ch. 65 - Cancer of the Head and Neck. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa. Elsevier; 2020.

Mendenhall WM, Dziegielewski PT, and Pfisl Patient Data

Yoshida EJ, Luu M, David JM, et al. Facility Volume and Survival in Nasopharyngeal Carcinoma. *Int J Radiat Oncol Biol Phys*. 2018;100(2):408-417. doi:10.1016/j.ijrobp.2017.09.038.

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## Targeted Drug Therapy for Nasopharyngeal Cancer

- [Targeting cancer cells with EGFR changes](#)
- [Possible side effects of targeted drug therapy](#)
- [More information about targeted therapy](#)

Targeted drug therapy is the use of medicines that target or are directed at proteins on cancer cells that help them grow, spread, and live longer. Targeted drug therapy can be used to treat nasopharyngeal cancers by destroying cancer cells or slowing their growth. Many of these drugs can be taken as pills and their side effects are different from [chemotherapy](#) (sometimes less severe) .

Some targeted drugs, for example, monoclonal antibodies, work in more than one way to control cancer cells and may also be considered [immunotherapy](#) because they boost the immune system.

### Targeting cancer cells with EGFR changes

Epidermal growth factor receptor (EGFR) is a protein that helps cancer cells grow. One drug that targets EGFR can be used to treat some nasopharyngeal cancers.

#### Cetuximab for nasopharyngeal cancers

Cetuximab (Erbix) is a monoclonal antibody (a man-made version of an immune system protein). It targets EGFR which is a protein found on the surface of certain cancer cells that helps them grow and divide. Nasopharyngeal cancer (NPC) cells sometimes have higher than normal amounts of EGFR. By blocking EGFR, cetuximab can help slow or stop cancer cell growth.

**The exact role of cetuximab in treating NPC is still being studied.** It might be used along with chemo in cases where the cancer has spread, come back, or continued to grow after initial treatment with chemo.

Cetuximab is given by IV infusion, either once a week or every other week.

## Possible side effects of targeted drug therapy

Common side effects include:

- Skin problems, such as an itchy, acne-like rash on the face and chest, which can lead to infections
- Headache
- Tiredness and weakness
- Fever
- Diarrhea
- Nausea and vomiting
- Weight loss

A rare but serious side effect of cetuximab is an allergic reaction during the first infusion, which could cause breathing problems and low blood pressure. You will be given medicine before treatment to help prevent this.

## More information about targeted therapy

To learn more about how targeted drugs are used to treat cancer, see [Targeted Cancer Therapy](#)

Ma BBY, Kam MKM, Leung SF, et al. A phase II study of concurrent cetuximab-cisplatin and intensity-modulated radiotherapy in locoregionally advanced nasopharyngeal carcinoma. *Ann Oncol*. 2012;23(5):1287-1292. doi:10.1093/annonc/mdr401.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Head and Neck Cancers, Version 3.2021 – April 27, 2021. Accessed at [www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf) on May 20, 2021.

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## Immunotherapy for Nasopharyngeal Cancer

Drugs that target these checkpoints (called [checkpoint inhibitors](#)<sup>2</sup>) can be used to treat some people with nasopharyngeal cancer.

## PD-1 inhibitors

**Pembrolizumab (Keytruda), nivolumab (Opdivo), and toripalimab (Lqtorzi)** are drugs that target PD-1, a protein on T cells in the immune system. These drugs are called PD-1 inhibitors. PD-1 normally helps keep T cells from attacking other cells in the body. By blocking PD-1, these drugs boost the immune response against cancer cells. This may shrink some tumors or slow their growth.

These drugs can be used to treat advanced NPC, including cancer that has returned after treatment (recurrent), cannot be treated with surgery or radiation, or that has spread to other parts of the body (metastatic).

Chemotherapy in combination with a PD-1 inhibitor may be recommended for patients with newly diagnosed advanced NPC. A PD-1 inhibitor, given alone, may also be an option for patients with advanced NPC that have progressed on chemotherapy.

Nivolumab is given as an intravenous (IV) infusion, typically every 2 or 4 weeks. Pembrolizumab is given as an IV infusion, typically every 3 or 6 weeks. Toripalimab is given as an IV infusion, typically every 2 or 3 weeks.

### Possible side effects of PD-1 inhibitors

Side effects of these drugs can include fatigue, cough, fever, nausea, diarrhea, cough, skin rash, loss of appetite, constipation, muscle and joint pain, and itching.

Other, more serious side effects that occur less often include:

- **Infusion reactions:** Some people might have an infusion reaction while getting one of these drugs. This is like an allergic reaction, and can include fever, chills, flushing of the face, rash, itchy skin, feeling dizzy, wheezing, and trouble breathing. It's important to tell your doctor or nurse right away if you have any of these symptoms while getting these drugs.
- **Autoimmune reactions:** These drugs remove one of the safeguards on the body's immune system. Sometimes the immune system starts attacking other parts of the body, which can cause serious or even life-threatening problems in the lungs, intestines, liver, hormone-making glands, kidneys, skin, or other organs.



# Treatment Options by Stage of Nasopharyngeal Cancer

- [Stages 0 and I \(1\)](#)
- [Stage II \(2\)](#)
- [Stages III \(3\) and IVA \(4A\)](#)
- [Stage IVB \(4B\)](#)
- [Recurrent nasopharyngeal cancer](#)



Most people with stage II (2) NPC get chemoradiation ([chemotherapy](#) given along with [radiation therapy](#)) to the nasopharynx and neck lymph nodes. The chemo drug most often used is cisplatin. Chemoradiation is usually followed by more chemo. Most studies have found that chemoradiation helps people live longer than just radiation therapy alone. But adding chemo can lead to more side effects, which can affect quality of life. It's important to understand what the side effects are likely to be before starting this treatment.

If cancer is still in the lymph nodes after any of the above treatments, [surgery](#) to remove the main tumor (if possible) and the lymph nodes may be done.

### Stages III (3) and IVA (4A)

People with stage III or IVA NPC are usually treated with:

- Chemotherapy first (sometimes called induction chemo) followed by chemoradiation to the nasopharynx and neck lymph nodes OR
- Chemoradiation to the nasopharynx and neck lymph nodes sometimes followed by chemotherapy alone OR
- Chemoradiation to the nasopharynx and neck lymph nodes

Induction chemo followed by chemoradiation can help some people live longer. Common chemo drug combinations used in induction chemo are:

- Gemcitabine plus cisplatin, or
- Docetaxel with cisplatin and 5-FU

If cancer cells are still in the lymph nodes after any of the above treatments, surgery to remove the main tumor (if possible) and the lymph nodes may be done.

### Stage IVB (4B)

The usual treatment for Stage IVB (4B) NPC is [chemo](#), often with cisplatin and one other drug. If there's no sign of the cancer after chemo, either [radiation therapy](#) or chemoradiation is given to try to kill any remaining cancer cells. Another option in some cases is to give chemoradiation as the first treatment. [Immunotherapy](#) is another option to treat some of these cancers, either alone or along with chemo.

If there are still signs of cancer after the initial chemo, different chemo drugs may be

tried. Chemotherapy plus the [targeted drug](#) cetuximab (Erbix) or immunotherapy may be other options.

## Recurrent nasopharyngeal cancer

Cancer is called **recurrent** when it come backs after treatment. It can come back in or near the same place it started (local) or spread to organs such as the lungs or bone (distant). If NPC returns after treatment, your choices depend on where it returns, the extent of the cancer, which treatments were used the first time around, and your overall health. It's important to understand the goal of any further treatment whether it's to try to cure the cancer, to slow its growth, or to help relieve symptoms.

Some tumors that recur in the nasopharynx can be removed through the nose by [surgery](#) (called **endoscopic surgery**). This is a specialized surgery that should only be done by a surgeon with a great deal of experience with it, so it's not available at all medical centers.

Recurrent NPC in neck lymph nodes can sometimes be treated with [radiation therapy](#) a second time. But if doctors believe that more radiation would cause serious side effects or if the cancer didn't respond to radiation the first time, surgery (neck dissection) may be used instead. The radiation oncology doctor will carefully review your options.

If the cancer recurs in distant sites, options might include [chemotherapy](#) or [immunotherapy](#) (or both). If chemo has been given already, different chemo drugs may be tried. The [targeted drug cetuximab](#) may be given along with chemo.

New drug treatments and new surgical procedures being tested in [clinical trials](#)<sup>4</sup> may help some people with recurrent NPC, as well as improve knowledge that can help others with NPC in the future.

If the cancer can't be cured, further treatments may be aimed at slowing its growth or relieving symptoms caused by the cancer. For example, if the cancer has spread to the spine, radiation may be given to the area to relieve pain and reduce the chances of further problems. Even if a cure is not possible, it's important to remember that there are many [options to relieve symptoms](#)<sup>5</sup> of advanced cancer.

## Hyperlinks

1. [www.cancer.org/cancer/types/nasopharyngeal-cancer/detection-diagnosis-staging/staging.html](http://www.cancer.org/cancer/types/nasopharyngeal-cancer/detection-diagnosis-staging/staging.html)
2. [www.cancer.org/cancer/types/nasopharyngeal-cancer/detection-diagnosis-staging/talking-with-doctor.html](http://www.cancer.org/cancer/types/nasopharyngeal-cancer/detection-diagnosis-staging/talking-with-doctor.html)
3. [www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html](http://www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html)
4. [www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html](http://www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html)
5. [www.cancer.org/cancer/managing-cancer/palliative-care.html](http://www.cancer.org/cancer/managing-cancer/palliative-care.html)

## References

Hui EP, Chan A, and Le Quynh-Thu. Treatment of recurrent and metastatic nasopharyngeal carcinoma. In: Shah S, ed. *UpToDate*. Waltham, Mass.: UpToDate, 2022. <https://www.uptodate.com>. Accessed May 6, 2022.

Leeman JE, Katabi N, Wong RJ, Lee NY and Romesser PB. Ch. 65 - Cancer of the Head and Neck. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa. Elsevier; 2020.

Mendenhall WM, Dziegielewski PT, and Pfister DG. Chapter 45- Cancer of the Head and Neck. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11<sup>th</sup> ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Head and Neck Cancers, Version 2.2022 – April 26, 2022. Accessed at [www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf) on May 6, 2022.

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