

# **YOUR GUIDE TO UNDERSTANDING**

RECURRENT LOCALLY ADVANCED OR METASTATIC  
NASOPHARYNGEAL CANCER (R/M NPC)

# WHAT IS RECURRENT LOCALLY ADVANCED OR METASTATIC NASOPHARYNGEAL CANCER (R/M NPC)?

**A diagnosis of R/M NPC can be overwhelming.**

The information here may help you better understand the disease and the options you may have for treating it.

As the image on the next page shows, NPC starts in the nasopharynx. The nasopharynx is located at the upper part of the throat behind the nose and near the base of the skull.

NPC can come back at or near the original tumor after being treated (recurrent locally advanced) or spread to other areas of the body (metastatic).

## **Recurrent locally advanced NPC**

The cancer has come back at or near the same place as the original tumor.

## **Metastatic NPC**

The cancer has spread to other areas of the body.

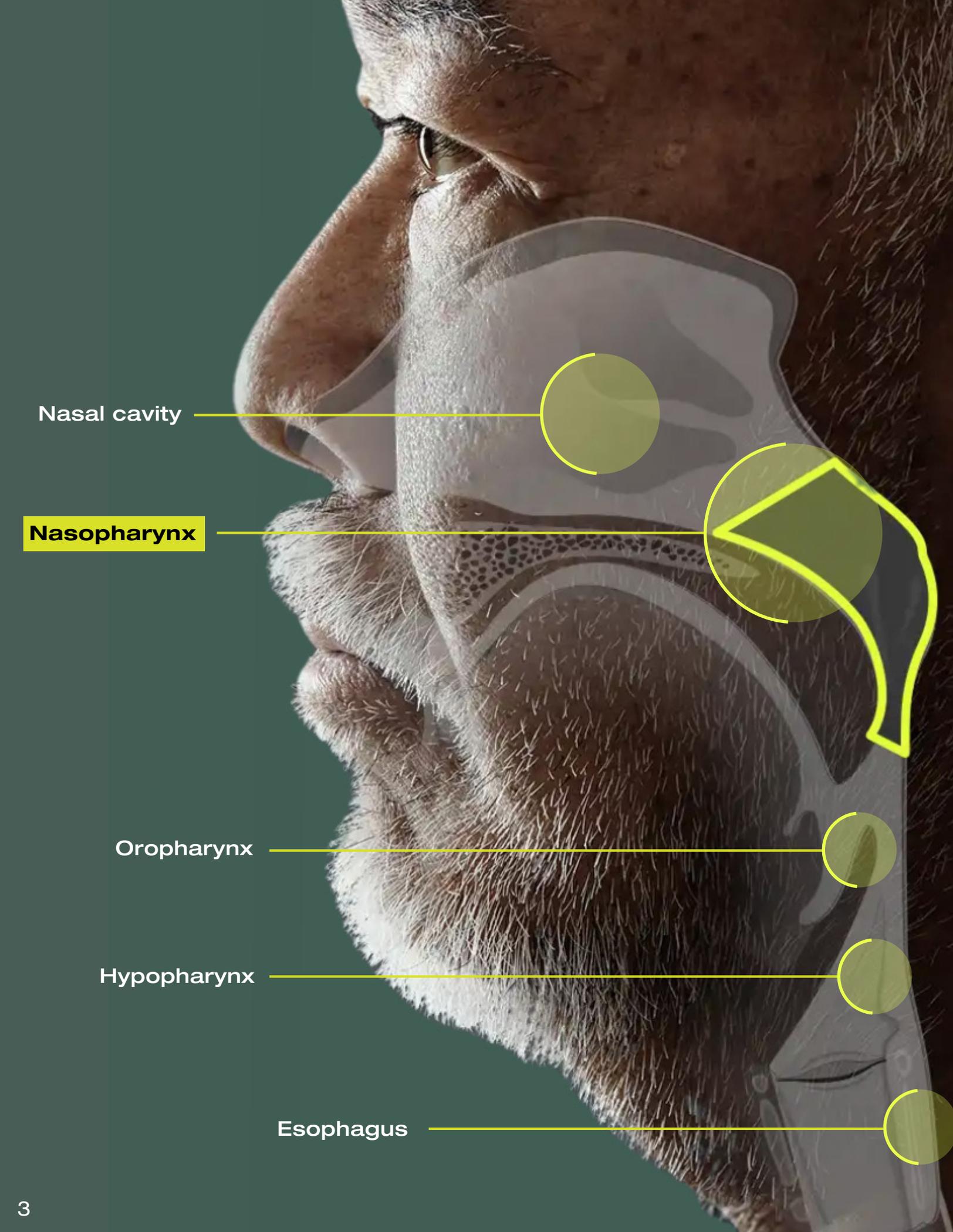
Nasal cavity

**Nasopharynx**

Oropharynx

Hypopharynx

Esophagus



## WHAT ARE THE DIFFERENT TYPES OF NASOPHARYNGEAL CANCER (NPC)?

NPC is the most common tumor of the nasopharynx. There are 3 main types of NPC.

TYPE

1

### **Keratinizing squamous cell cancer**

**Keratinizing** cells produce an excess amount of protein called keratin. Keratin hardens the outermost layer of the tumor.

**Both types 2 and 3 are nonkeratinizing**, which means hardening does not happen.

TYPE

2

### **Differentiated nonkeratinizing cell cancer**

**Differentiated** cells tend to grow and spread *slowly* to other parts of the body.

TYPE

3

### **Undifferentiated nonkeratinizing cancer**

**Undifferentiated** cells tend to grow and spread *quickly* to other parts of the body.

Regardless of which type of NPC you have, the treatment may be the same

## DID YOU KNOW?



In the United States, the **average age of diagnosis** for recurrent locally advanced or metastatic nasopharyngeal cancer (R/M NPC) is **53 years**.



**Types 1 and 3** are the most common forms of R/M NPC in the United States.



**The risk of R/M NPC increases with age**, but it can occur at any stage of life, including childhood.



The risk of **R/M NPC** is **2-3x more likely in men** than in women.

## WHAT CAUSES NASOPHARYNGEAL CANCER (NPC)?

While the exact cause is not known, there are factors that may lead to NPC.



### GENETIC

- Most common in people of Southeast Asian descent
- More likely to occur in males
- More likely to occur in family members of people with a medical history of NPC



### ENVIRONMENTAL

- Alcohol or tobacco use
- Eating and cooking salt-preserved foods
- History of workplace exposures to wood dust and formaldehyde



### VIRAL

- Strong association with Epstein-Barr virus and types 2 and 3 NPC
- Possible association with human papillomavirus and type 1 NPC

# HOW IS RECURRENT LOCALLY ADVANCED OR METASTATIC NPC (R/M NPC) DIAGNOSED?

In order to diagnose R/M NPC, your healthcare provider may consider the following:



## MEDICAL HISTORY

Your healthcare provider will ask about your health and medical history. They may also ask about your family's medical history.



## PHYSICAL EXAM

Your healthcare provider will ask about any symptoms you are having. They will also examine you to look for signs of R/M NPC. Signs of R/M NPC may include:

- Swelling or mass in the neck
- Hearing loss, pain, ringing, or fullness in the ear
- Nosebleeds
- Headaches
- Nasal obstruction or stuffiness
- Sore throat
- Fatigue
- Pain, numbness, or paralysis of face



## ADDITIONAL TESTS

Your healthcare provider may need some additional tests to better understand your R/M NPC and its effects, including:

- Hearing test
- Neurologic exam
- Radiologic study (PET scan, CT scan, MRI, and/or ultrasound)
- Endoscopy or nasopharyngoscopy
- Biopsy/lab tests

## WHAT TREATMENT OPTIONS ARE AVAILABLE?



Your treatment plan for recurrent locally advanced or metastatic nasopharyngeal cancer (R/M NPC) may include a combination of various cancer treatments such as chemotherapy, radiation therapy, and intensity-modulated radiation therapy.

Cisplatin and gemcitabine have been the preferred combination of chemotherapy drugs used to treat R/M NPC.

A combination of treatments tends to work better than a single treatment. That's because the drugs work together to destroy cancer cells in different ways.

**New treatments beyond traditional chemotherapy and radiation therapy, such as immunotherapy, are also available to treat people with R/M NPC**

## WHO IS ON MY CANCER CARE TEAM?



Your care will be led by your oncologist who is responsible for your treatment plan, but every member of your team plays an important role.

The list below may include some of the team members involved in your care.

- Medical oncologist (primary provider)
- Nurses
- Social workers
- Radiation oncologists
- Nurse navigators
- Nutritionists

## WHAT NOW?

### **COMMON QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER**

Your healthcare providers are here to answer any questions you may have as you begin treatment. You can use the questions below to help guide your discussions.

**What type of NPC do I have?**

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**How can I manage my symptoms?**

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**What can I expect to happen over the next few months?**

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**Are more tests needed before I start treatment?**

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**Where can I learn more about NPC?**

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## GLOSSARY

**Biopsy:** the removal of cells or tissues for the purpose of pathologist examination and testing.

**Chemotherapy:** medication used to stop the growth of cancer cells. It may be used alone or in combination with other treatments.

**Computerized tomography scan (CT):** an imaging test that uses X-rays linked to a computer to create detailed 3D images of tissues and organs from different angles inside the body.

**Epstein-Barr virus (EBV):** a common virus remaining inactive in most people. EBV is associated with certain cancers such as NPC, specifically types 2 and 3.

**Head and neck cancer:** cancer that presents in the head or neck region (areas such as the nasal cavity, sinuses, throat, voice box, mouth, or salivary glands).

**Human papillomavirus (HPV):** the most common sexually transmitted infection. HPV is associated with type 1 NPC.

**Immunotherapy:** therapy that uses a person's own immune system to help the body fight cancer.

**Intensity-modulated radiation therapy:** highly precise therapy that delivers radiation to a tumor and produces 3D images of the size and shape of the tumor onto a computer screen.

**Metastasis:** the spread of cancer from the place where it started to other parts of the body.

**Magnetic resonance imaging (MRI):** an imaging technique that uses radio waves and magnetic fields linked to a computer to create detailed images of areas inside the body. These images show the difference between normal and diseased tissue.

**Positron emission tomography scan (PET):** a procedure where glucose is injected into a vein to identify cancer cells in the body through a scan.

**Radiation therapy:** high-energy radiation that comes from outside of the body that is used to kill cancer cells and shrink tumors.

**Squamous cell:** flat cells located on the outer part of the epidermis that are constantly being shed as new cells form.



It is important that you understand your diagnosis and any treatment options that may be available to you.

Be sure to talk with your healthcare provider about resources and support.



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