If You Have Nasopharyngeal Cancer

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What is nasopharyngeal cancer?

Nasopharyngeal cancer is a type of head and neck cancer. It starts in the nasopharynx, the upper part of the throat behind the nose and near the base of skull.

Cancer starts when cells begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other areas. When cancer cells do this, it’s called metastasis. (To learn more about how cancers start and spread, see What Is Cancer?)
The nasal cavity

**Questions to ask the doctor**

- Why do you think what I have is cancer?
- Is there a chance I don’t have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?
How does the doctor know I have nasopharyngeal cancer?

Nasopharyngeal cancer may not be found until it causes problems that make the person go to the doctor. Sometimes changes are seen during a routine visit to the doctor or dentist. You may be sent to see a doctor who focuses on diseases of the ear, nose, and throat (called an ENT doctor, an otolaryngologist, or a head and neck surgeon).

The doctor will ask you questions about your health and does a physical exam. If signs are pointing to cancer, more tests will be done. Here are some of the tests you may need:

- **Complete head and neck exam:** The doctor will check the head and neck, looking and feeling for any abnormal areas. The lymph nodes in the neck will be felt for any signs of cancer. The nasopharynx is hard to examine so the doctor may use mirrors, lights, and/or special fiber-optic scopes to look at these areas.

- **Biopsy:** For this test, the doctor takes out a small piece of tissue where the cancer seems to be. The tissue is checked for cancer cells. This is the best way to know for sure if you have cancer.

- **CT scan:** This is also called a “CAT scan.” It’s a special kind of x-ray that takes detailed pictures to see if the cancer has spread to the lymph nodes, lungs, or other organs.

- **MRI scan:** MRIs use radio waves and strong magnets instead of x-rays to take detailed pictures. MRIs can be used to learn more about the size of the cancer and look for other tumors.

- **Chest x-rays:** X-rays may be done to see if the cancer has spread to the lungs.

- **PET scan:** In this test, you’re given a special type of sugar that can be seen inside your body with a special camera. If there’s cancer, this sugar shows up as “hot spots” where the cancer is found. This test is useful when your doctor thinks the cancer might have spread, but doesn’t know where.

- **Blood tests:** Certain blood tests can tell the doctor more about your overall health.

**Questions to ask the doctor**

- What tests will I need to have?
- Who will do these tests?
Where will they be done?
Who can explain them to me?
How and when will I get the results?
Who will explain the results to me?
What do I need to do next?

How serious is my cancer?

If you have nasopharyngeal cancer, the doctor will want to find out how far it has spread. This is called staging. You may have heard other people say that their cancer was “stage 1” or “stage 2.” Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the growth or spread of the cancer in the place it started. It also tells if the cancer has spread to other organs of your body that are close by or farther away.

Your cancer can be stage 0, 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread from where it started. Be sure to ask the doctor about the cancer stage and what it means for you.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I’ll live?
- What will happen next?

What kind of treatment will I need?

There are many ways to treat nasopharyngeal cancer. The treatment plan that’s best for you will depend on:

- Where the cancer is
- The stage of the cancer
• The chance that a type of treatment will cure the cancer or help in some way
• How treatment will affect the way you talk, breathe, and eat
• Your age
• Other health problems you have
• Your feelings about the treatment and the side effects that come with it

Surgery

Surgery is not usually the main treatment for nasopharyngeal cancer because the nasopharynx is hard to reach with surgery. Sometimes special techniques are used to reach the cancer, but in most cases, other types of treatment work better.

More often, surgery might be done to take out lymph nodes in the neck that might have cancer cells in them.

Side effects of surgery

Any type of surgery can have risks and side effects. Ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat people with nasopharyngeal cancer should be able to help you with any problems that come up.

Radiation

Radiation uses high-energy rays (like x-rays) to kill cancer cells. It's usually at least part of the main treatment for nasopharyngeal cancer.

There are 2 main ways radiation can be given. The type most often used is aimed at the cancer from a machine outside the body. This is called external beam radiation. Getting external beam radiation feels a lot like getting an x-ray, but the radiation is stronger.

Another type of radiation therapy is called brachytherapy or internal radiation. With this treatment, radioactive "seeds" are put right into the body near the cancer. The seeds are left in place for several days while you stay in a private hospital room, and then removed before you go home.

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects might happen.
Side effects depend on the type of radiation that's used and the part of your body that's treated. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue)
- Hoarse voice
- Taste changes
- Mouth and throat sores
- Dry mouth
- Trouble swallowing or eating

Most side effects get better after treatment ends, but some might last longer. Ask your cancer care team what you can expect.

Chemo

Chemo is the short word for chemotherapy – the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Chemo is sometimes used along with radiation therapy as the first treatment for nasopharyngeal cancer. It might also be given either before radiation treatments are started, or after they've been completed.

Side effects of chemo

Chemo can affect certain kinds of normal cells in your body as well as the cancer cells. This can make you feel very tired, sick to your stomach, and cause your hair to fall out. But most of these problems go away over time after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, tell your cancer care team so they can help.

Targeted therapy drugs

Targeted therapy drugs work differently from chemo drugs. They work against cancer cells by targeting specific parts of cancer cells that make them different from normal cells. Targeted therapy drugs may work even if chemo doesn’t, or they may help chemo
work better.

Targeted therapy drugs have different kinds of side effects, so talk to your doctor about what to expect and how to manage side effects.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

Clinical trials are one way to get state-of-the-art cancer treatment. They're the best way for doctors to find better ways to treat cancer. If your doctor can find one that’s studying the kind of cancer you have, it’s up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you'd like to be in a clinical trial, start by asking your doctor if your clinic or hospital takes part in clinical trials. See Clinical Trials to learn more.

What about other treatments I hear about?

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be vitamins, herbs, special diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you’re thinking about using, whether it’s a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What’s the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What’s the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
• What about special vitamins or diets that friends tell me about? How will I know if they are safe?
• How soon do I need to start treatment?
• What should I do to be ready for treatment?
• Is there anything I can do to help the treatment work better?
• What’s the next step?

What will happen after treatment?

You’ll be glad when treatment is over. But it’s hard not to worry about cancer coming back. Even when cancer never comes back, people still worry about it. For years after treatment ends, you’ll see your cancer doctor. Be sure to go to all of these follow-up visits. You’ll have exams, blood tests, and maybe other tests to see if the cancer has come back.

At first, your visits may be every few months. Then, the longer you’re cancer-free, the less often the visits are needed. Exams, lab tests, or imaging tests (like MRI or CT scans) may be done to look for signs of cancer or treatment side effects. Your doctor will tell you which tests should be done and how often based on the stage of your cancer and the type of treatment you had.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us or talk to your doctor to find out what you can do to feel better.

You can’t change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as well as you can.

Hyperlinks


Words to know

**Biopsy** (BY-op-see): taking out a small piece of tissue to see if there are cancer cells in it

**Metastasis** (muh-TAS-tuh-sis): cancer cells that have spread from where they started to other places in the body

**Nasal cavity**: the inside of the nose above the roof of the mouth

**Nasopharynx** (NAY-zoh-FAIR-ingks): the part of the throat that’s behind the nose

How can I learn more?

We have a lot more information for you. You can find it online at www.cancer.org (http://www.cancer.org)°. Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

Last Medical Review: September 24, 2018 Last Revised: September 24, 2018

Written by

The American Cancer Society medical and editorial content team (www.cancer.org/cancer/acs-medical-content-and-news-staff.html)

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