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If You Have Nasopharyngeal Cancer

If you or someone you know has just been diagnosed with **nasopharyngeal cancer** this short guide can help. Find information on **nasopharyngeal cancer** here.

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What is nasopharyngeal cancer?

Cancer in the [head and neck area](#)¹ can have many different names depending on where it starts. Nasopharyngeal cancer starts in the nasopharynx, the upper part of the throat behind the nose and near the base of skull. This cancer starts when cells in the nasopharynx grow out of control and crowd out normal cells.

Ask your doctor to write down the exact kind of cancer you have because it can be confusing.



The nasal cavity

Cancer cells can spread to other parts of the body. When cancer cells do this, it's called **metastasis**. Cancer cells from the nasopharynx can sometimes travel to the lungs and grow there. The cancer cells in the new place look just like the ones from the nasopharynx where it started.

Cancer is always named for the place where it starts. So when nasopharyngeal cancer

Questions to ask the doctor

- Why do you think what I have is nasopharyngeal 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](#)² 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 (an ENT doctor, an otolaryngologist, or a head and neck surgeon).

The doctor will ask you questions about your health, also if you smoke or drink and how much and for how long, and will physically examine you. If signs are pointing to cancer, the doctor might order more tests. Here are some of the [tests you may need](#)³:

Complete head and neck exam: The doctor will check the head and neck area, looking and feeling for any abnormal areas. The lymph nodes in the neck will be felt. The nasopharynx is not easy to reach and is hard to examine so the doctor may use mirrors, lights, and/or special fiber-optic scopes (thin lighted tubes) to look at these areas.

Biopsy: For this test, the doctor takes out a small piece of tissue, with surgery or a needle, 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. CT scans can also be used to help guide a biopsy.

MRI scan: MRI scans 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 if it has spread to other areas of the body.

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

PET scan: A PET scan uses a special type of sugar that can be seen inside your body with a special camera. The sugar shows up as "hot spots" where the cancer is found.

This test can help show if the cancer might have spread.

Dental exam: Your dentist will probably do a complete exam and maybe some x-rays of your teeth before any radiation is given because radiation can damage the saliva (spit) glands and cause dry mouth. The dentist might also remove bad teeth to lower the chances of cavities and infection.

Hearing test: The most common chemo drug used to treat nasopharyngeal cancer, cisplatin, can cause ringing in your ears or even hearing loss. You might have your hearing checked (with an audiogram) before starting treatment and your chemotherapy might be changed if your hearing is poor to start with.

Nutrition and speech tests: A nutritionist might check your nutrition status before, during, and after treatment to try and keep your body weight and protein levels as normal as possible. A speech therapist might test how well you swallow and speak. They might give you exercises to help strengthen the muscles so that you can eat and talk normally after finishing treatment.

Gene and protein tests: The cancer cells in the biopsy tissue might be tested for genes or proteins such as PD-L1. Knowing which genes or proteins your cancer has can help the doctor decide if treatments like immunotherapy might help.

Blood tests:

- 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 might 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 and because there are so many important organs in that area. Sometimes special techniques are used to reach the cancer, but in most cases, other types of treatment work better.

More often, surgery might be used 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. It can be given by itself or along with chemotherapy. Radiation can also be used to help with symptoms such as pain, bleeding, trouble swallowing, or other problems that happen if the cancer has grown very large or has spread to other areas. 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**.
- **Brachytherapy** or **internal radiation** is another type of radiation. Very thin metal rods or wires, which carry small pellets of radioactive "seeds" are put right into or 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 short 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 most of the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. This gives the body time to recover. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Chemo is sometimes given at the same time as radiation therapy (called chemoradiation) 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 make you feel very tired, sick to your stomach, and make your hair fall out. But most of these problems get better over time after treatment ends. Other side effects like hearing problems or nerve damage might last a long time.

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

Targeted drug therapy

When you have cancer you might hear about [other ways to treat the cancer or treat your symptoms](#)⁸. 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](#)⁹. 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. During these visits, your doctor will ask about any symptoms you're having, if you are using any products like cigarettes, chewing tobacco,

or alcohol and will physically examine you. Endoscope exams, blood tests, dental exams, 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 at 1-800-227-2345 or talk to your doctor to find out what you can do to feel better or

10. www.cancer.org**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.org¹⁰. Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

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The American Cancer Society medical and editorial content team
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