Survivorship - Nasopharynx Cancer

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

ELIGIBILITY

Patient presents:
- A minimum of 30 months post-treatment for nasopharynx cancer **and**
- Treated at MD Anderson **and**
- Has one post-treatment MRI head and neck with contrast (or CT, per baseline imaging study) **and**
- NED

NED = no evidence of disease
HNSVC = Head and Neck Survivorship clinic

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- Within 6-12 months of transition to HNSVC and then annually:
  - History and physical exam
  - Nasopharyngoscopy and otoscopy
  - Chest x-ray
  - MRI head and neck with contrast through 5 years from completion of treatment (or CT, per baseline imaging study)
  - Consider Epstein-Barr virus (EBV) DNA monitoring

MONITORING FOR LATE EFFECTS

Consider:
- Annual audiogram
- Xerostomia assessment
- Dental/osteoradionecrosis assessment
- Neurocognitive dysfunction assessment
- Annual fasting labs (draw at 8 a.m.) for pituitary function[2] if treated with radiation therapy
- Dysphagia assessment
- Speech pathology assessment
- Lymphedema/fibrosis assessment
- Sexual health/fertility assessment
- Peripheral neuropathy assessment
- Cranial nerve assessment
- Annual carotid surveillance with carotid ultrasound

RISK REDUCTION/ EARLY DETECTION

Patient education, counseling and screening:
- Lifestyle risk assessment[3]
- Cancer screening[4]
- Vaccinations[5] as appropriate
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Limit alcohol and tobacco consumption
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, and Hepatitis C Virus (HCV) Screening algorithms)
- Consider cardiovascular risk reduction (see Survivorship – Adult Cardiovascular Screening algorithm)

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Anxiety/depression
- Body image
- Financial stressors
- Social support

Suspected new primary or recurrent cancer?

- Yes → Return to primary treating physician
  - **Primary Oncologist** to discuss Goal Concordant Care (GCC) with patient, or if clinically indicated, with Patient Representative[1]
- No → Continue survivorship monitoring
- No → Refer or consult as indicated

DISPOSITION

[1] GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only).

[2] Pituitary labs to include prolactin, insulin-like growth factor 1 (IGF-1), total T3, free T4, thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), estradiol (for patients assigned female at birth), total testosterone (for patients assigned male at birth), and total cortisol

[3] See Physical Activity, Nutrition, Obesity Screening and Management and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[4] Includes breast, cervical, colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

[5] Based on American Society of Clinical Oncology (ASCO) guidelines

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SUGGESTED READINGS

American Cancer Society. (n.d.). American Cancer Society guidelines for the early detection of cancer. Retrieved from https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

Baxi, S. S., Pinheiro, L. C., Patil, S. M., Pfister, D. G., Oeffinger, K. C., & Elkin, E. B. (2014). Causes of death in long-term survivors of head and neck cancer. *Cancer, 120*(10), 1507-1513. https://doi.org/10.1002/cncr.28588

Chan, A. T. C., Felip, E., & ESMO Guidelines Working Group. (2009). Nasopharyngeal cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up. *Annals of Oncology, 20*(4), 123-125. https://doi.org/10.1093/annonc/mdp 150

Epstein, J. B., Robertson, M., Emerton, S., Phillips, N., & Stevenson-Moore, P. (2001). Quality of life and oral function in patients treated with radiation therapy for head and neck cancer. *Head & Neck, 23*(5), 389-398. https://doi.org/10.1002/hed.1049

Kamboj, M., Bohlke, K., Baptiste, D. M., Dunleavy, K., Fueger, A., Jones, A. L., … Kohn, E. C. (2024). Vaccination of Adults With Cancer: ASCO Guideline. *Journal of Clinical Oncology, 42*(14), 1699-1721. Retrieved from: https://ascopubs.org/doi/10.1200/JCO.24.00032

MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
Advance Care Planning (ACP) Conversation Workflow (ATT1925)

Meng, Z., Garcia, M. K., Hu, C., Chiang, J., Chambers, M., Rosenthal, D. I., … Liu, L. (2012). Randomized controlled trial of acupuncture for prevention of radiation-induced xerostomia among patients with nasopharyngeal carcinoma. *Cancer, 118*(13), 3337-3344. https://doi.org/10.1002/cncr.26550

National Comprehensive Cancer Network. (2024). *Head and Neck Cancers* (NCCN Guideline Version 4.2024). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

National Comprehensive Cancer Network. (2024). *Survivorship* (NCCN Guideline Version 1.2024). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf

Roh, J. L., Kim, A. Y., & Cho, M. J. (2005). Xerostomia following radiotherapy of the head and neck affects vocal function. *Journal of Clinical Oncology, 23*(13), 3016-3023. https://doi.org/10.1200/JCO.2005.07.419

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