Preventing Nasopharyngeal Carcinoma? (NPC)

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- Epidemiology
- Aetiology
- Clinical Presentation
- Current Management
- “Prevention”

NPC

Nasopharyngeal carcinoma (NPC) is a malignant tumour arising from the epithelial cells that line the nasopharynx, and is classified as per the WHO system:

- Type 1(I) - Squamous cell carcinoma (25%)
- Type 2a(II) - Non-keratinizing carcinoma (12%)
- Type 2b(III) - Undifferentiated carcinoma (60%)

Epidemiology

- World wide
    - ~80,000/year
    - 50,000 death/year
- Significant regional variation
    - 5th most common cancer in Hong Kong/southern China
        - 30/100,000 in southern China
        - 15/100,000 emigrants from southern China
        - 5/100,000 Polynesian/Maori
    - Rare in Western countries

Aetiology

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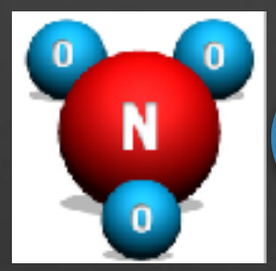
Viral

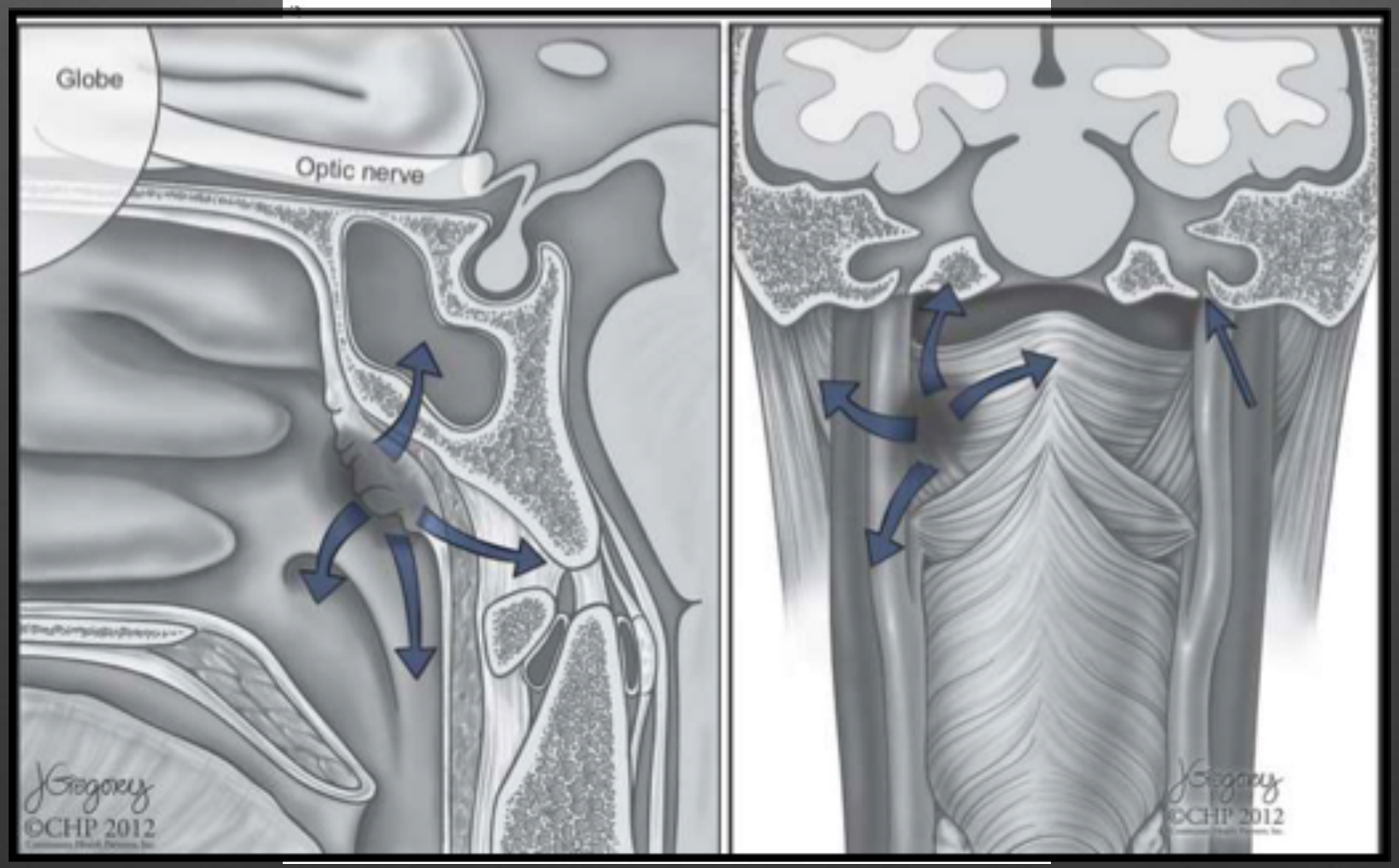
NPC

Environmental



Genetic

Clinical Presentation



Clinical Presentation

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PAIN LESS NECK LUMP	nodal metastasis
HEARING LOSS	ET involvement
EPISTAXIS / OBSTRUCTION	nasal cavity
CRANIAL NERVE DEFICIT (VI/V2)	cavernous sinus
HEADACHE	intracranial extension
TRISMUS	pterygoid muscle invasion
PROPTOSIS	orbital extension
NECK DISCOMFORT	retropharyngeal involvement
LOWER CRANIAL NERVES (9,10,11)	parapharyngeal space

Current Management

- Radiotherapy
- ChemoRadiotherapy
- Surgery (Endoscopic and Robot)
- Immunotherapy

Prevention

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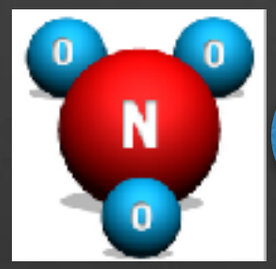
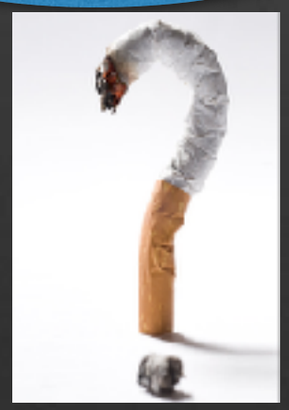
Viral

NPC

Environmental





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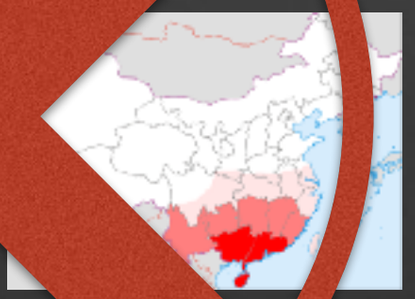

“Prevention”

- Vaccine against EBV
  - Prophylatic vaccine against EBV gp350
  - Therapeutic vaccine against LMP2A and EBNA1
- Vaccine against HPV
  - ?role of HPV in NPC
  - Gardasil

“Prevention”

- Smoking ce
  - smoking i ce
- Diet

“Prevention”

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- Screening and early detection

Good correlation has been shown between the stage of the disease and 5-year survival rates

The overall survival decreases from 90% for stage I to below 60% for advanced stage IV disease

Unfortunately, only less than 10 % of NPC patients presented with stage I disease without screening.

Screening

- Advocated for high risk groups

For persons at average risk	
1.	There is insufficient evidence to recommend a population-based nasopharyngeal cancer (NPC) screening programme using IgA against specific Epstein-Barr virus (EBV) viral antigens and EBV DNA test.
For persons at high risk	
2.	Family members of NPC patients may consider to seek advice from doctors with relevant expertise before making an informed decision about screening.

Cancer Expert Working Group on Cancer Prevention and Screening
March 2017

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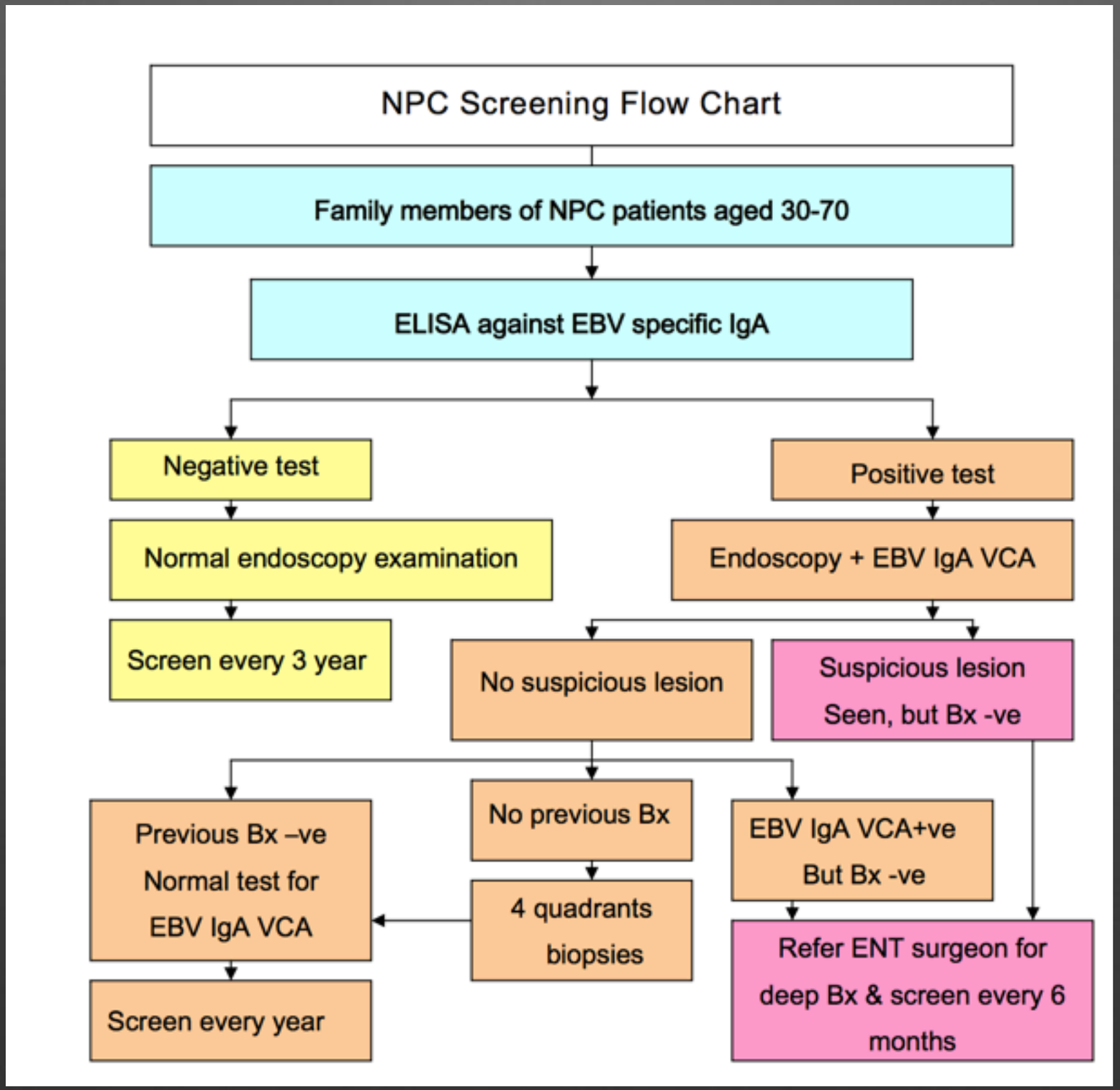

Screening

- Officially none

- EBV IgA, EBV DNA test available

What we do

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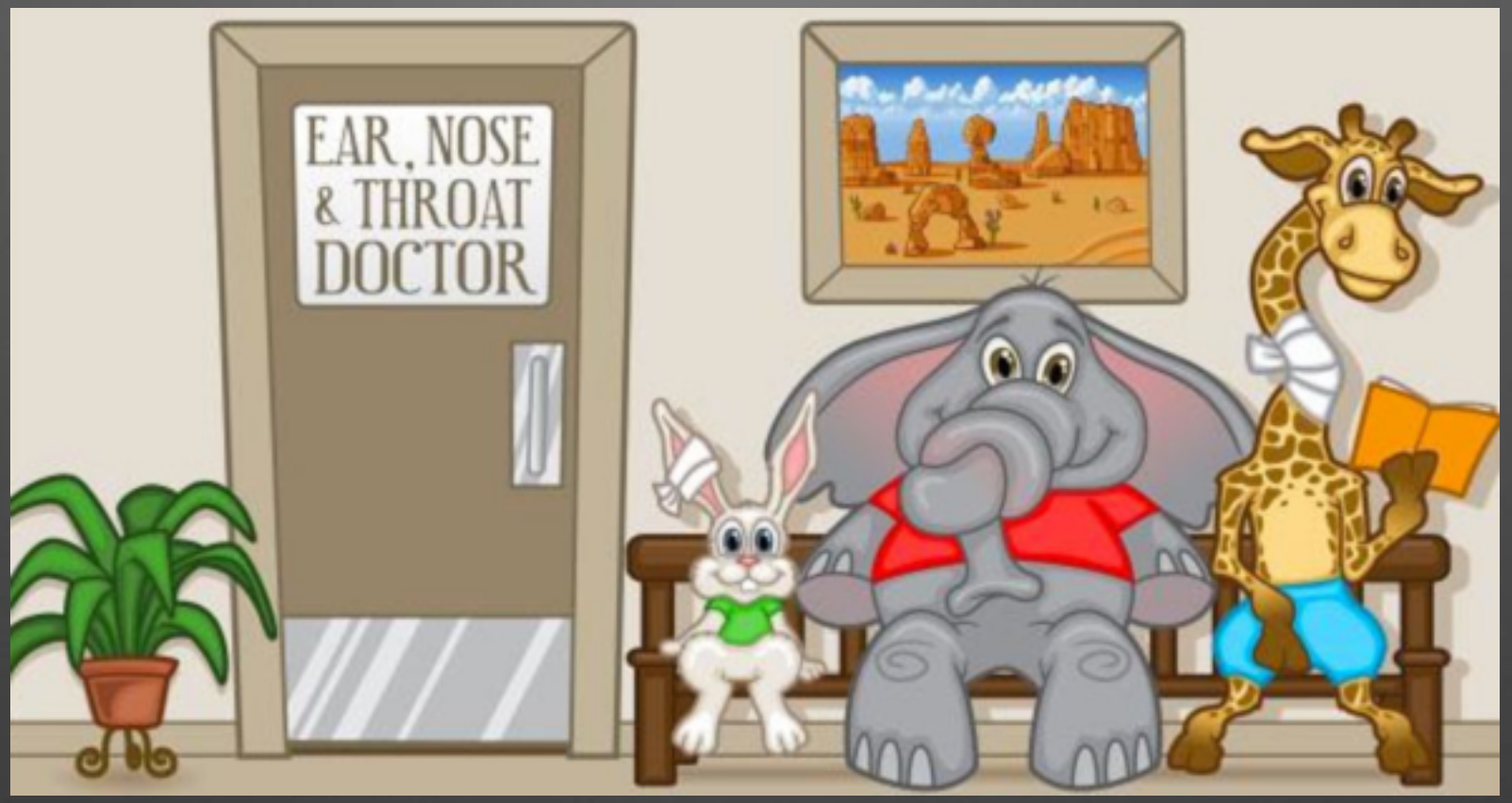

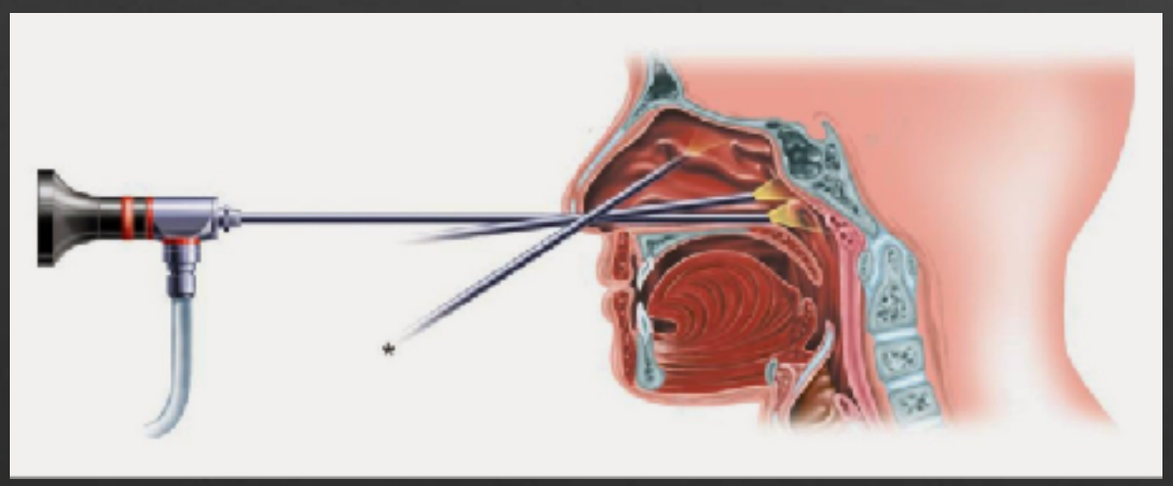

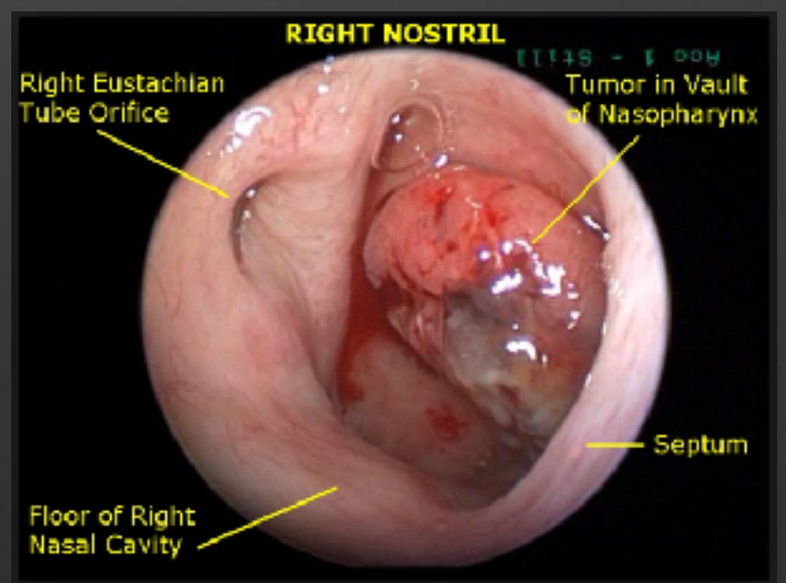

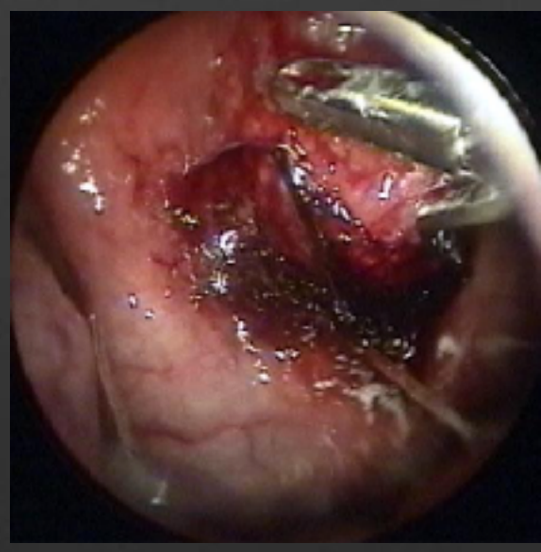

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