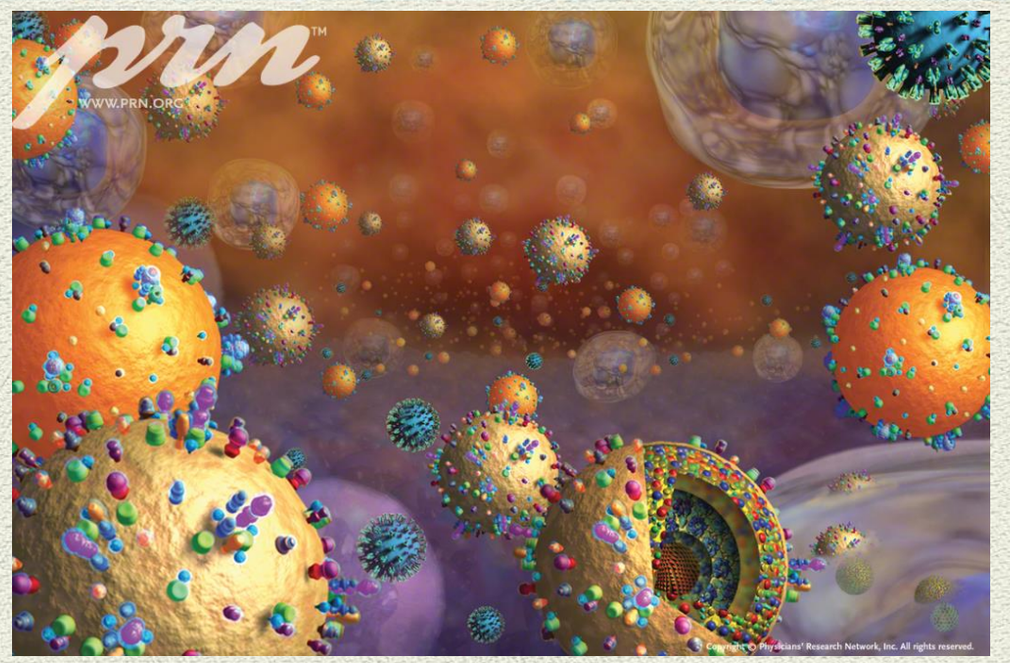



# Pharyngeal Cancer

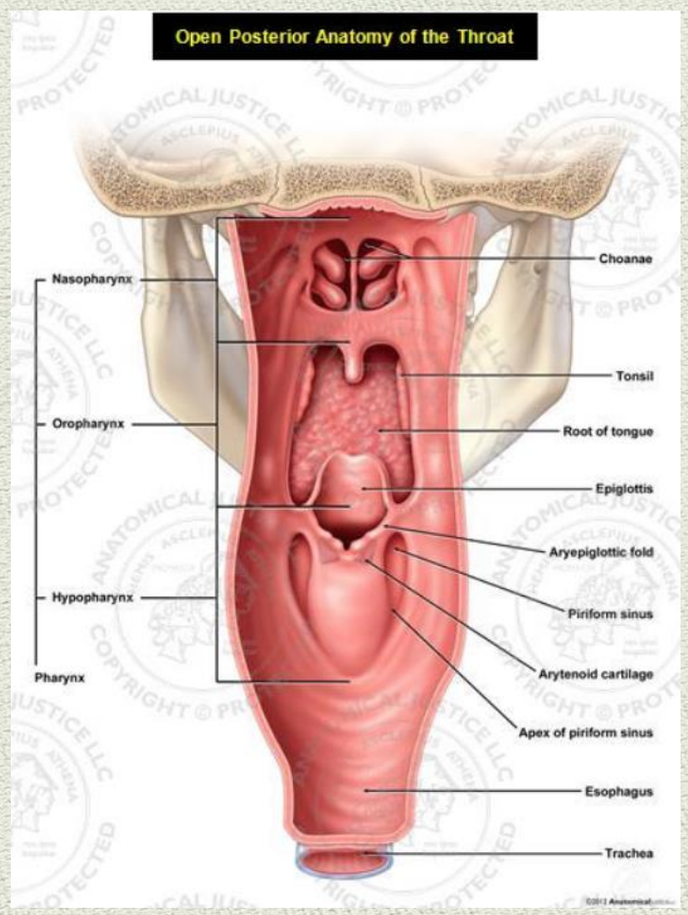
*7th May 2018*

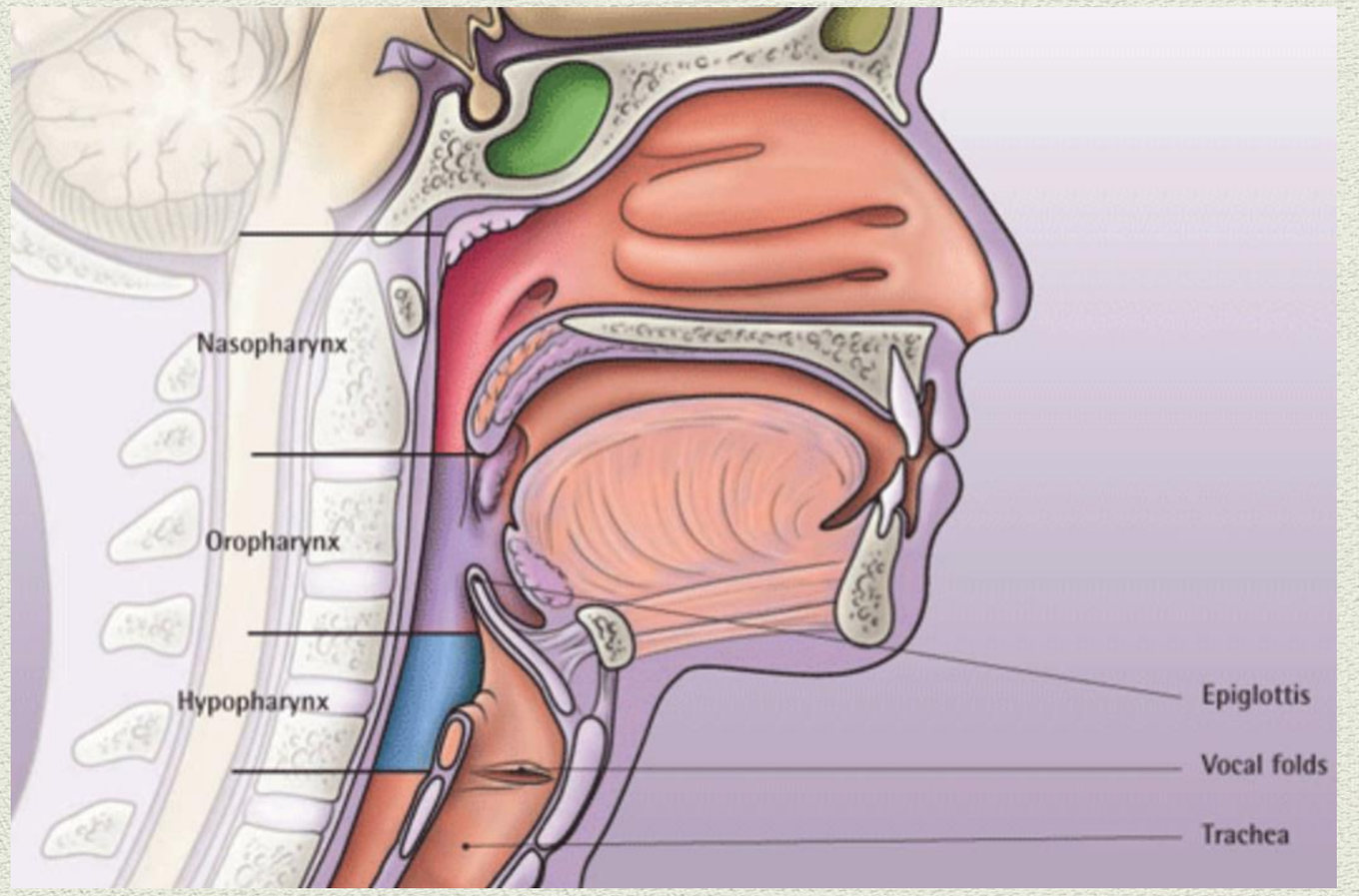
*GP CME*

*Angus Shao,*

*FRACS, EAFPS*

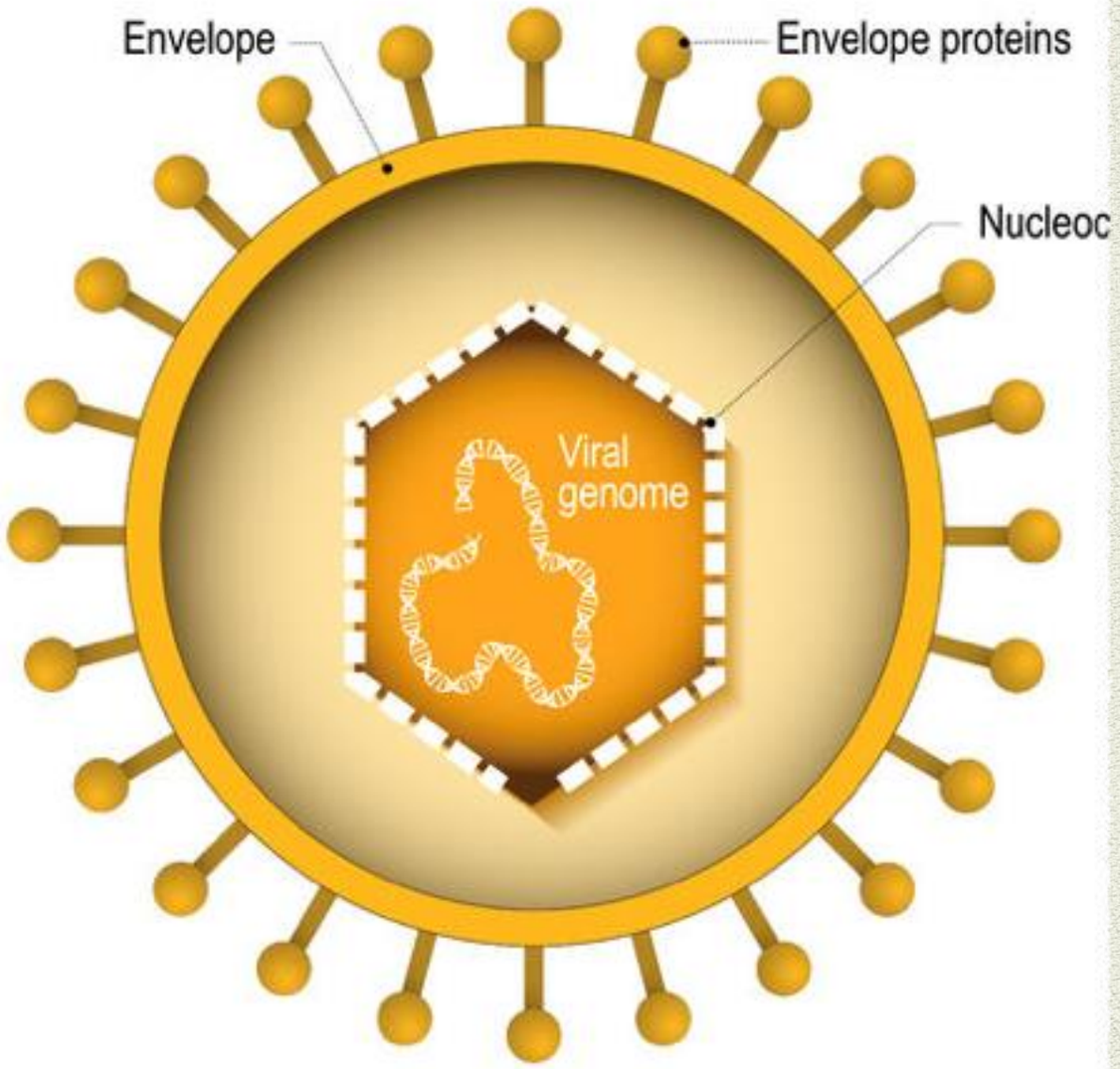
# Anatomy

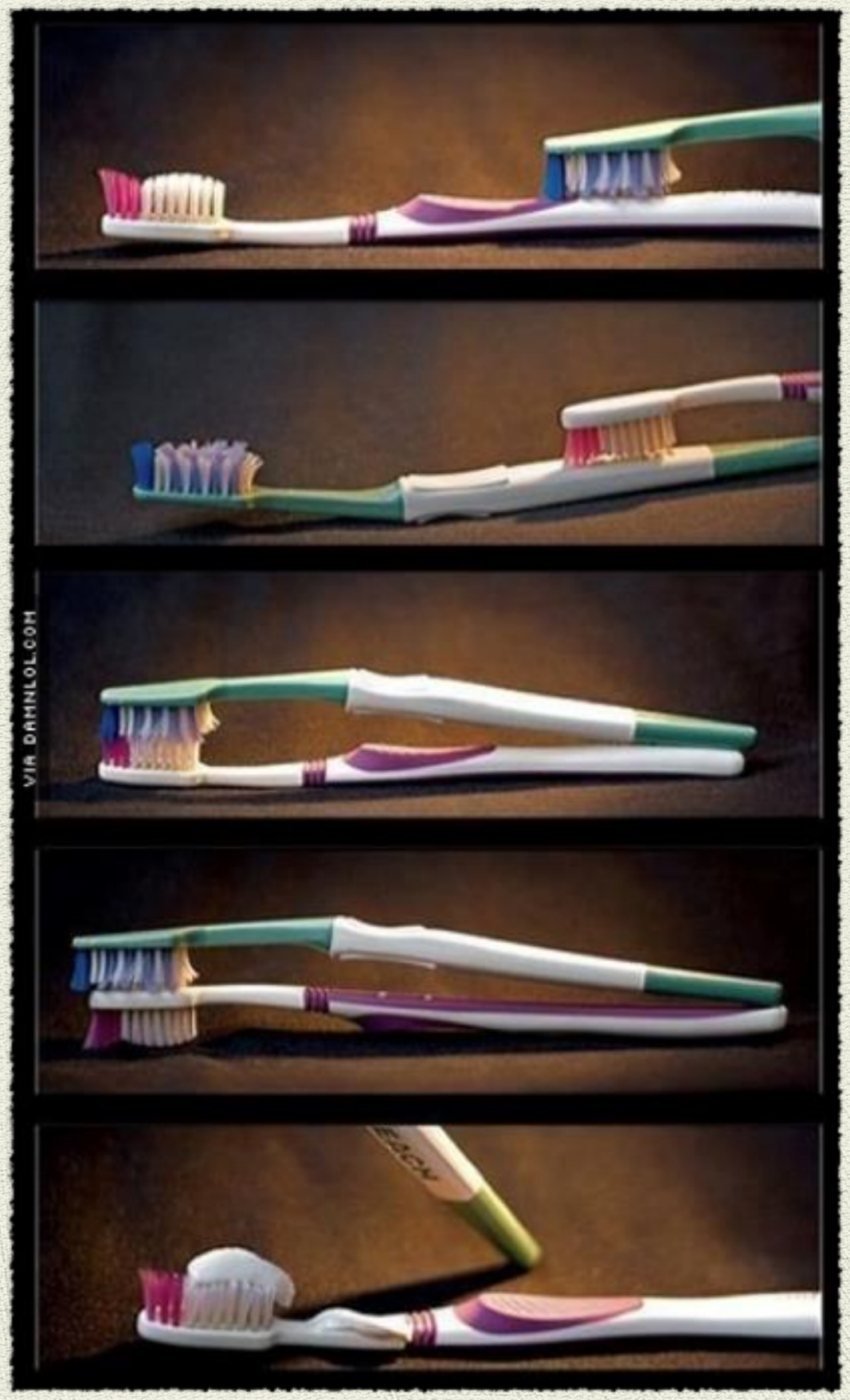

Open Posterior Anatomy of the Throat
Choanae
Nasopharynx
Tonsil
Oropharynx
Root of tongue
Epiglottis
Aryepiglottic fold
Piriform sinus
Hypopharynx
Arytenoid cartilage
Pharynx
Apex of piriform sinus
Esophagus
Trachea


Nasopharynx
Oropharynx
Hypopharynx
Epiglottis
Vocal folds
Trachea

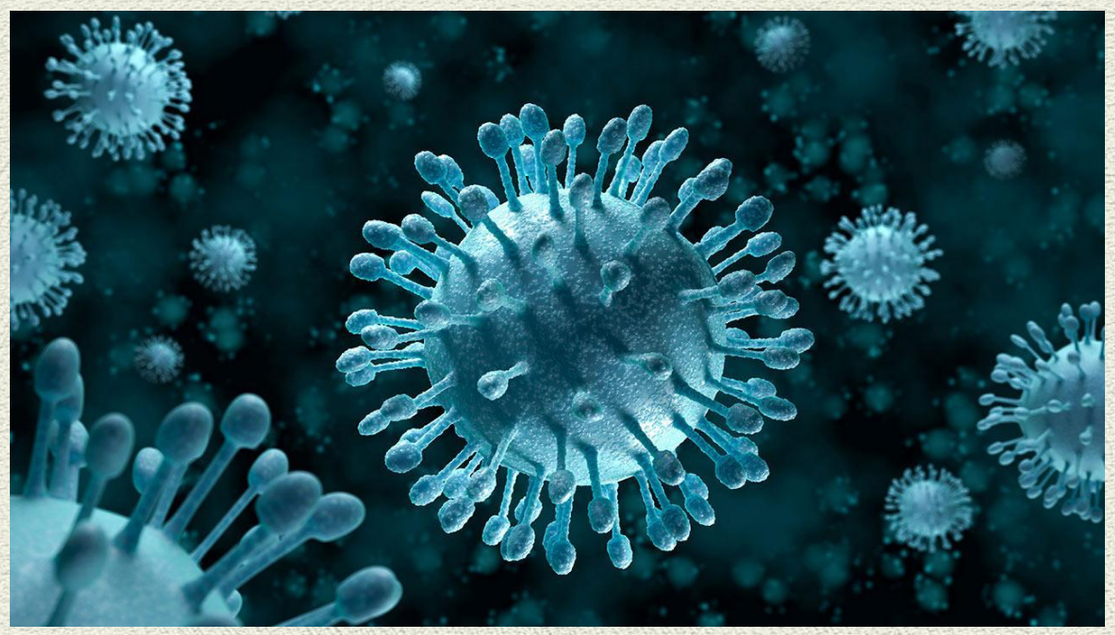
# EBV

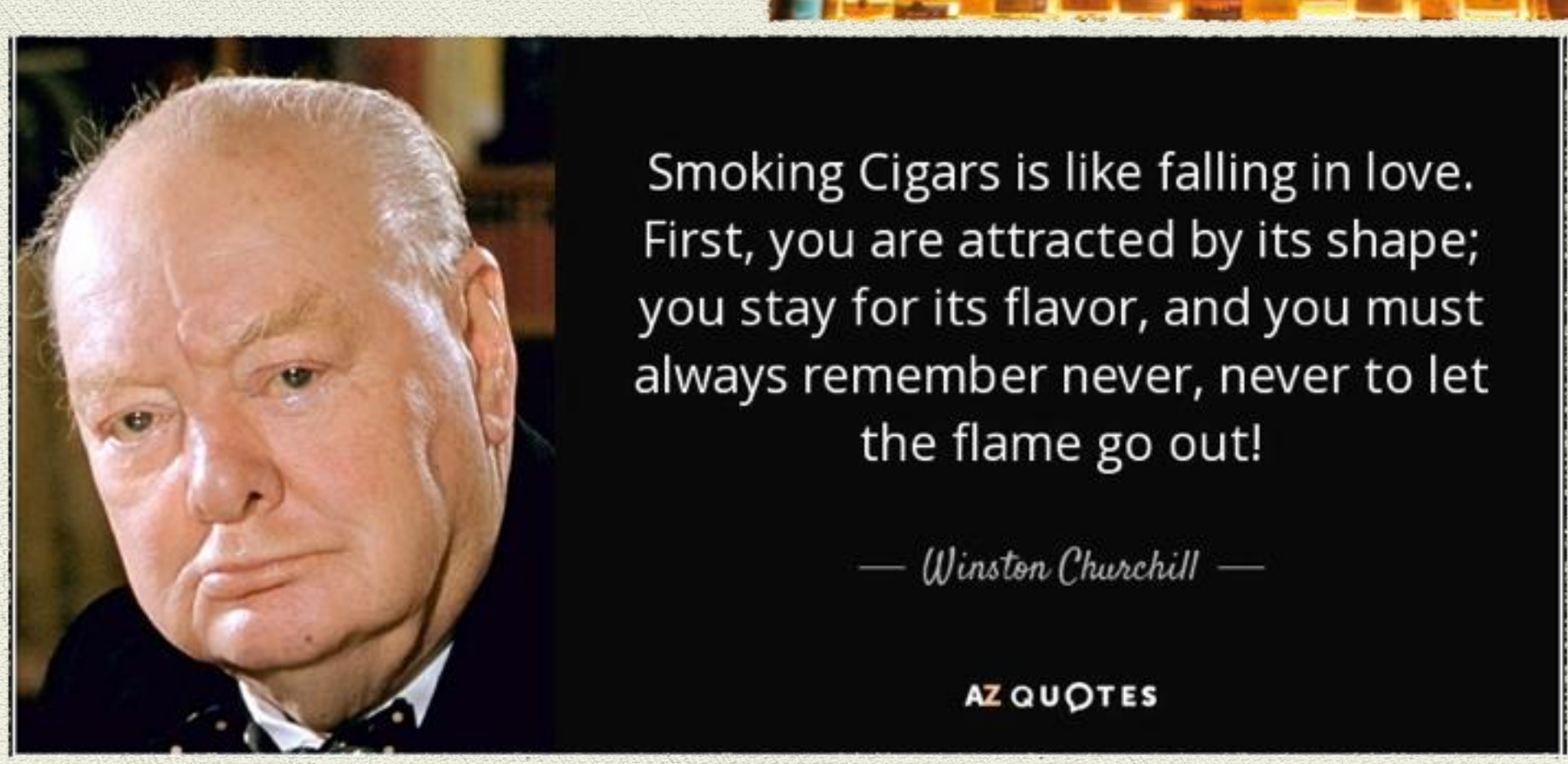
## Epstein–Barr virus





VIA DAMNLOL.COM

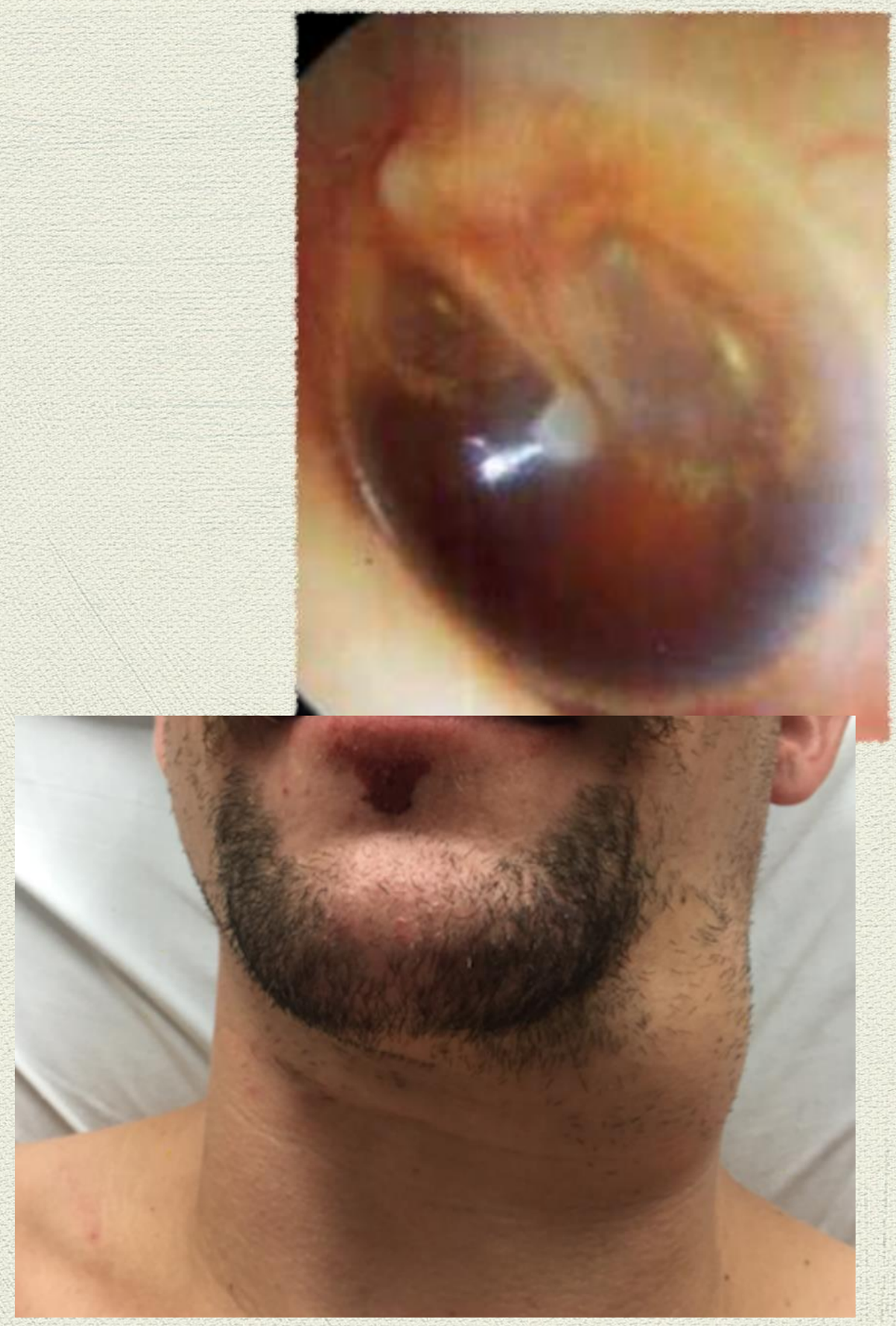

HPV




Smoking Cigars is like falling in love. First, you are attracted by its shape; you stay for its flavor, and you must always remember never, never to let the flame go out!
— Winston Churchill —
AZ QUOTES

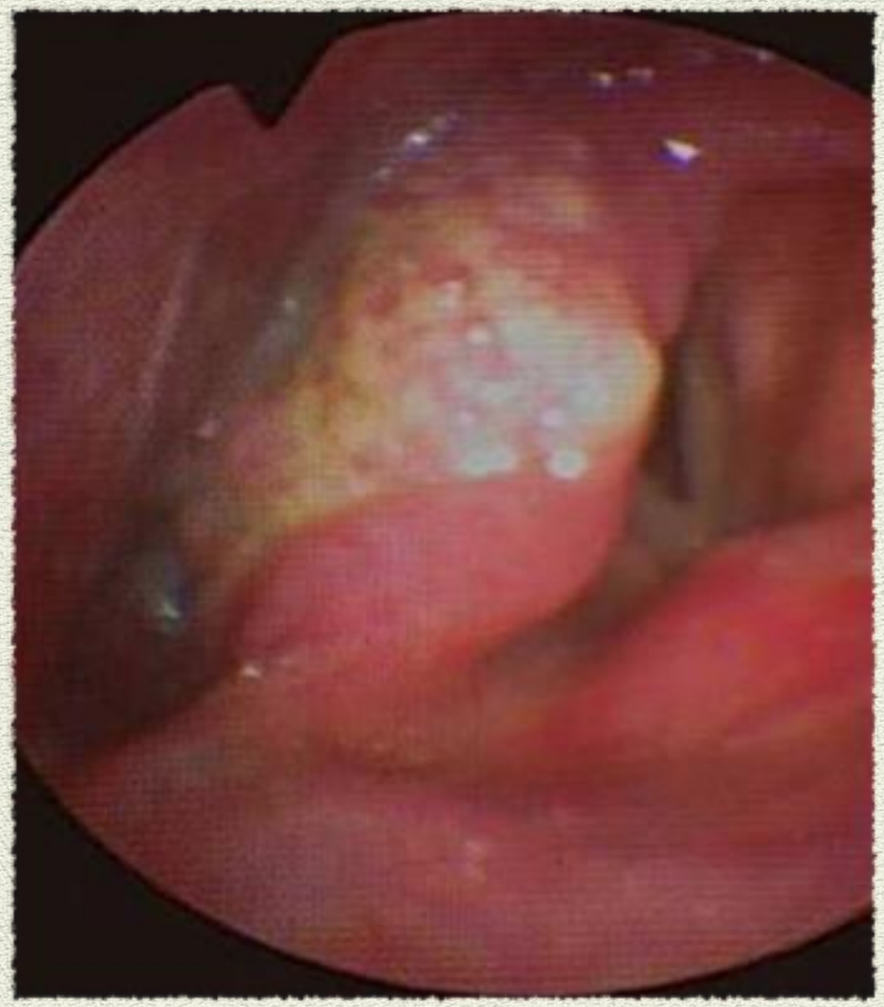
# Case 1

*28 year old Maori patient presented with L hearing loss and noticed swelling in the left neck.*



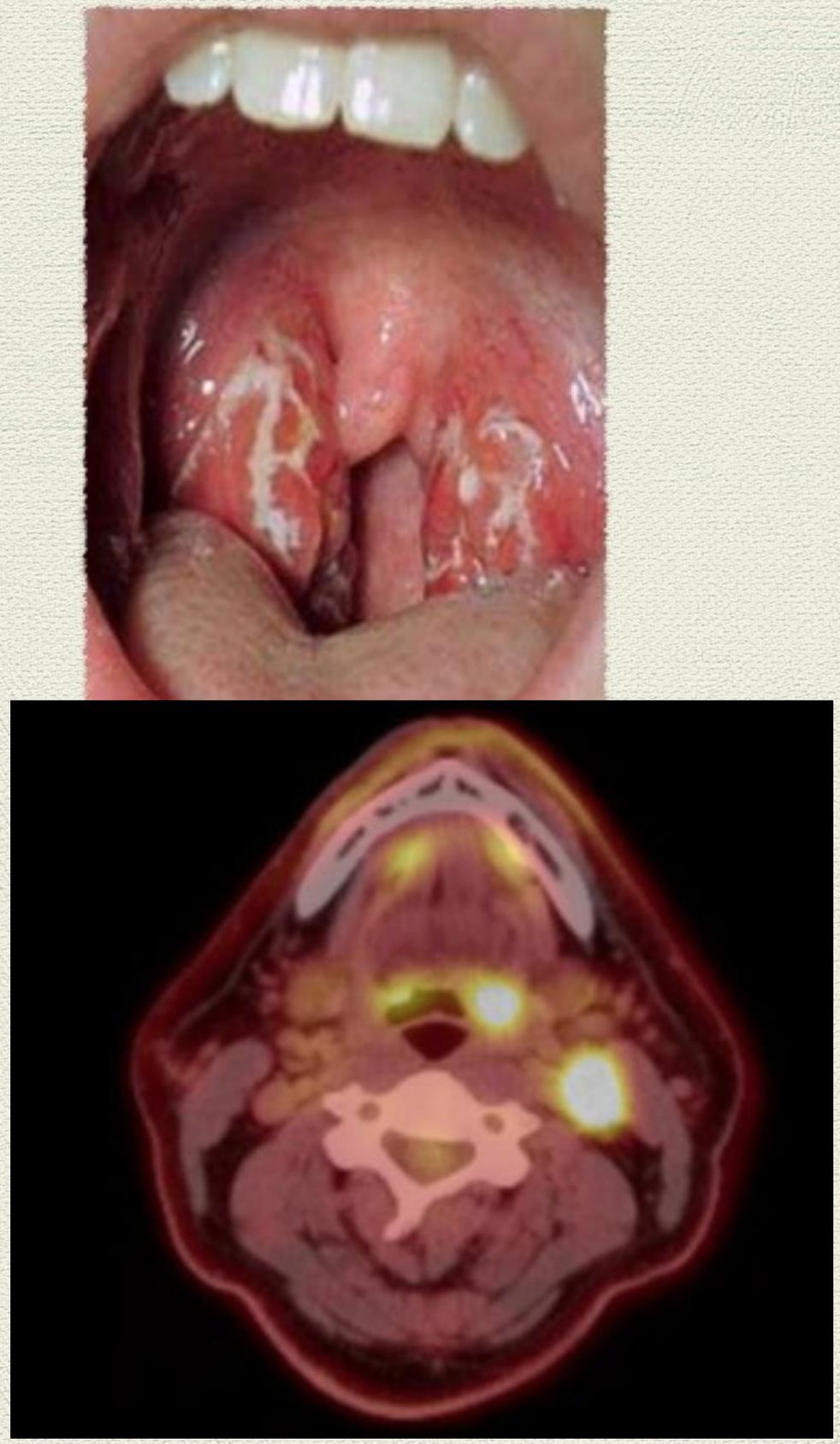
# Case 2

*55 year old otherwise well man presented with 6 month history of "something in the throat".*



# Case 3

*48 year old fit and well non smoker presented with an episode of ?tonsillitis. He responded to antibiotics but the swelling of his tonsil persisted and pain never completely resolve.*



# Staging

***Primary Tumor (T)***

TX Primary tumor cannot be assessed
T0 No evidence of primary tumor
Tis Carcinoma in situ

*Nasopharynx*

T1 Tumor confined to the nasopharynx, or tumor extends to oropharynx and/or nasal cavity without parapharyngeal extension*
T2 Tumor with parapharyngeal extension*
T3 Tumor involves bony structures of skull base and/or paranasal sinuses
T4 Tumor with intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, or with extension to the infratemporal fossa/masticator space

**Note*: Parapharyngeal extension denotes posterolateral infiltration of tumor.

*Oropharynx*

T1 Tumor 2 cm or less in greatest dimension
T2 Tumor more than 2 cm but not more than 4 cm in greatest dimension
T3 Tumor more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4a Moderately advanced local disease
Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible*
T4b Very advanced local disease
Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery

**Note*: Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of larynx.

*Hypopharynx*

T1 Tumor limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension
T2 Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx
T3 Tumor more than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophagus
T4a Moderately advanced local disease
Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, or central compartment soft tissue*
T4b Very advanced local disease
Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures

**Note*: Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.

# Staging

***Regional Lymph Nodes (N)***

*Nasopharynx*
The distribution and the prognostic impact of regional lymph node spread from nasopharynx cancer, particularly of the undifferentiated type, are different from those of other head and neck mucosal cancers and justify the use of a different N classification scheme.

| | |
|---|---|
| NX | Regional lymph nodes cannot be assessed |
| N0 | No regional lymph node metastasis |
| N1 | Unilateral metastasis in cervical lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa, and/or unilateral or bilateral, retropharyngeal lymph nodes, 6 cm or less, in greatest dimension* |
| N2 | Bilateral metastasis in cervical lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa* |
| N3 | Metastasis in a lymph node(s)* >6 cm and/or to supraclavicular fossa* |
| N3a | Greater than 6 cm in dimension |
| N3b | Extension to the supraclavicular fossa** |

**Note*: Midline nodes are considered ipsilateral nodes.

***Note*: Supraclavicular zone or fossa is relevant to the staging of nasopharyngeal carcinoma and is the triangular region originally described by Ho. It is defined by three points: (1) the superior margin of the sternal end of the clavicle, (2) the superior margin of the lateral end of the clavicle, (3) the point where the neck meets the shoulder (Figure 4.2). Note that this would incl ude caudal portions of levels IV and VB. All cases with lymph nodes (whole or part) in the fossa are considered N3b.

***Regional Lymph Nodes (N)****

*Oropharynx and Hypopharynx*

| | |
|---|---|
| NX | Regional lymph nodes cannot be assessed |
| N0 | No regional lymph node metastasis |
| N1 | Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension |
| N2 | Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension |
| N2a | Metastasis in a single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension |
| N2b | Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension |
| N2c | Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension |
| N3 | Metastasis in a lymph node more than 6 cm in greatest dimension |

**Note*: Metastases at level VII are considered regional lymph node metastases.

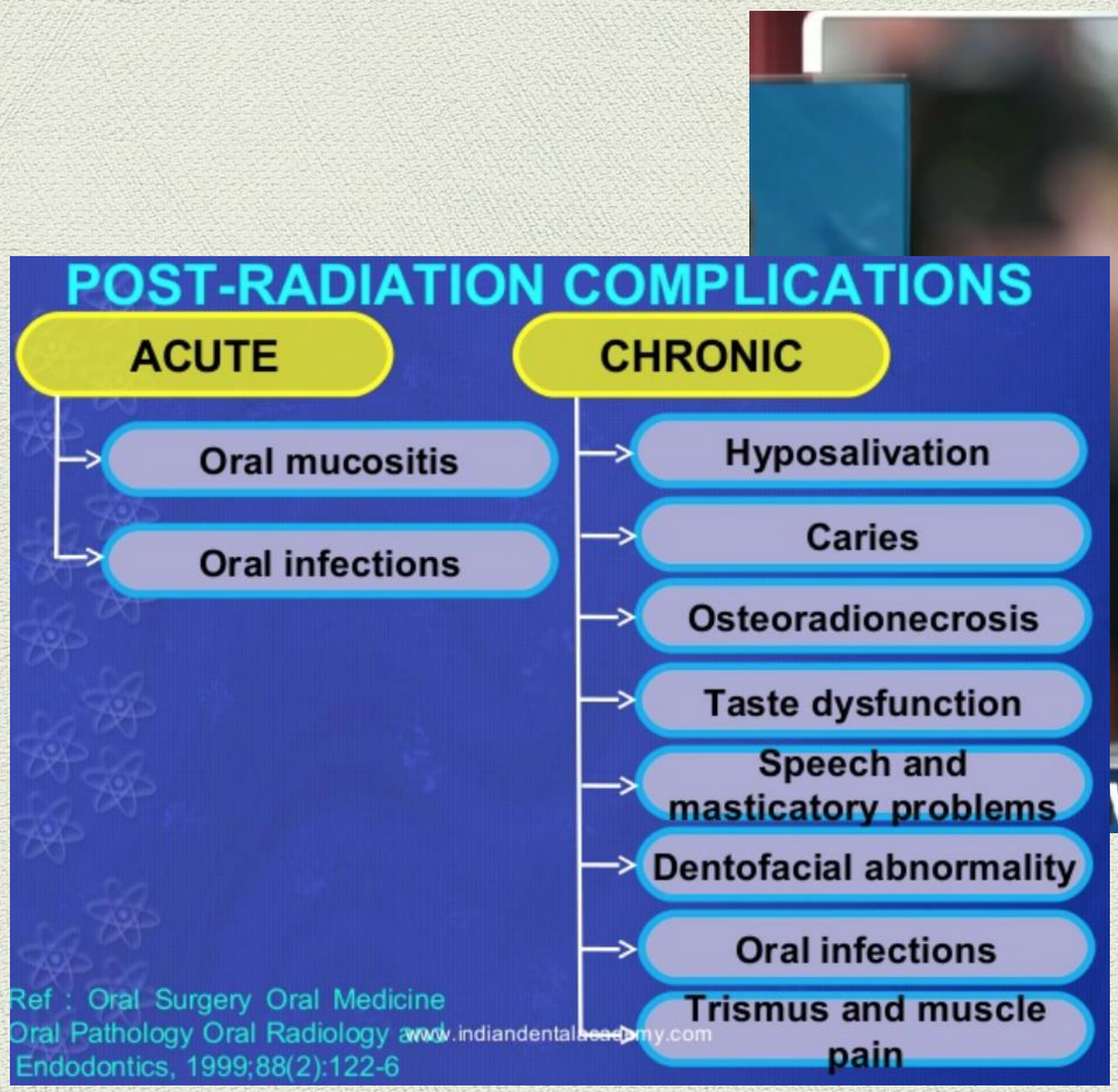
***Distant Metastasis (M)***

| | |
|---|---|
| M0 | No distant metastasis |
| M1 | Distant metastasis |

# Management

- Depends on the stage,
- early stage: single modality treatment
- Late stage: multi-modality treatment


WHAT HAPPENED NEXT ?


POST-RADIATION COMPLICATIONS
ACUTE
CHRONIC
Oral mucositis
Oral infections
Hyposalivation
Caries
Osteoradionecrosis
Taste dysfunction
Speech and masticatory problems
Dentofacial abnormality
Oral infections
Trismus and muscle pain
Ref : Oral Surgery Oral Medicine Oral Pathology Oral Radiology and Endodontics, 1999;88(2):122-6
www.indiandentalacademy.com


M SEX?
LIVE

# Take Home for NPC

- Ethnical difference
- Always be suspicious with unilateral OME in adult; blood stained mucous in the morning; and posterior neck lump
- Post treatment care: detection and management of complication and recurrence

# Take Home for OPC

- Tonsillitis and quinsy in older adult!
- HPV (vaccination no available to both boy and girls); greater response to treatment, better survival
- Ongoing care for post treatment patients

# Take Home HPC

- Late presentation, often little symptoms
- Addressing risk factors for prevention
- Often have significant co-morbidities from treatment
- Look for recurrence and/or second primary!

# Take Home

- Difficult area to exam, therefore refer to specialist early if any suspicious S&S!