

# 鼻咽癌

staging and NCCN guideline

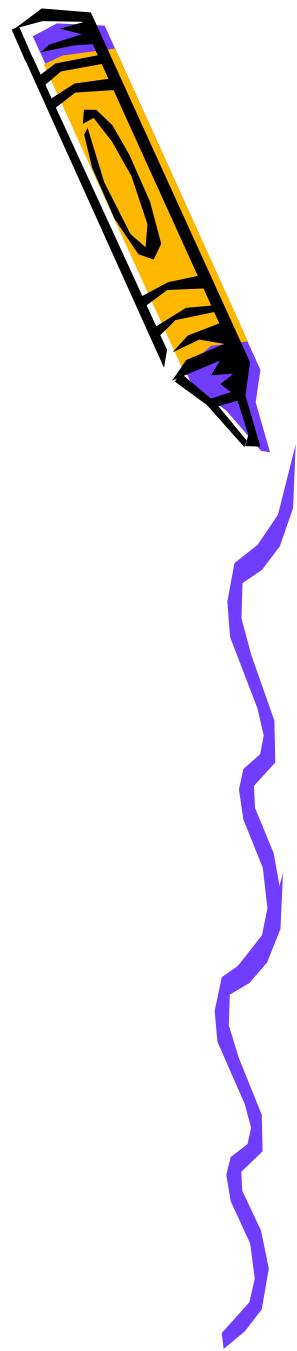
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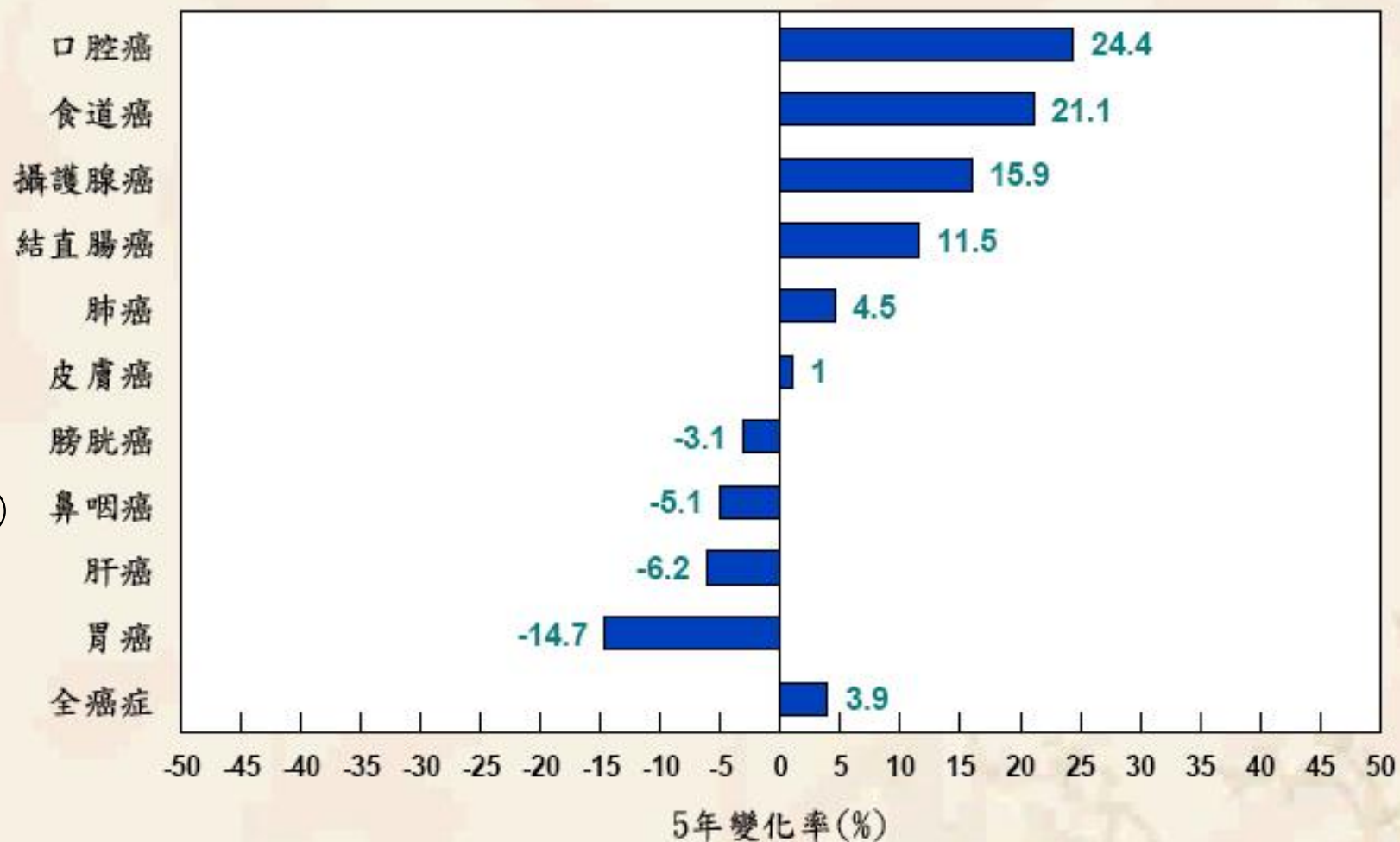
呂宜興醫師



## 民國95年與94年男性10大癌症（不含原位癌）發生人數比較

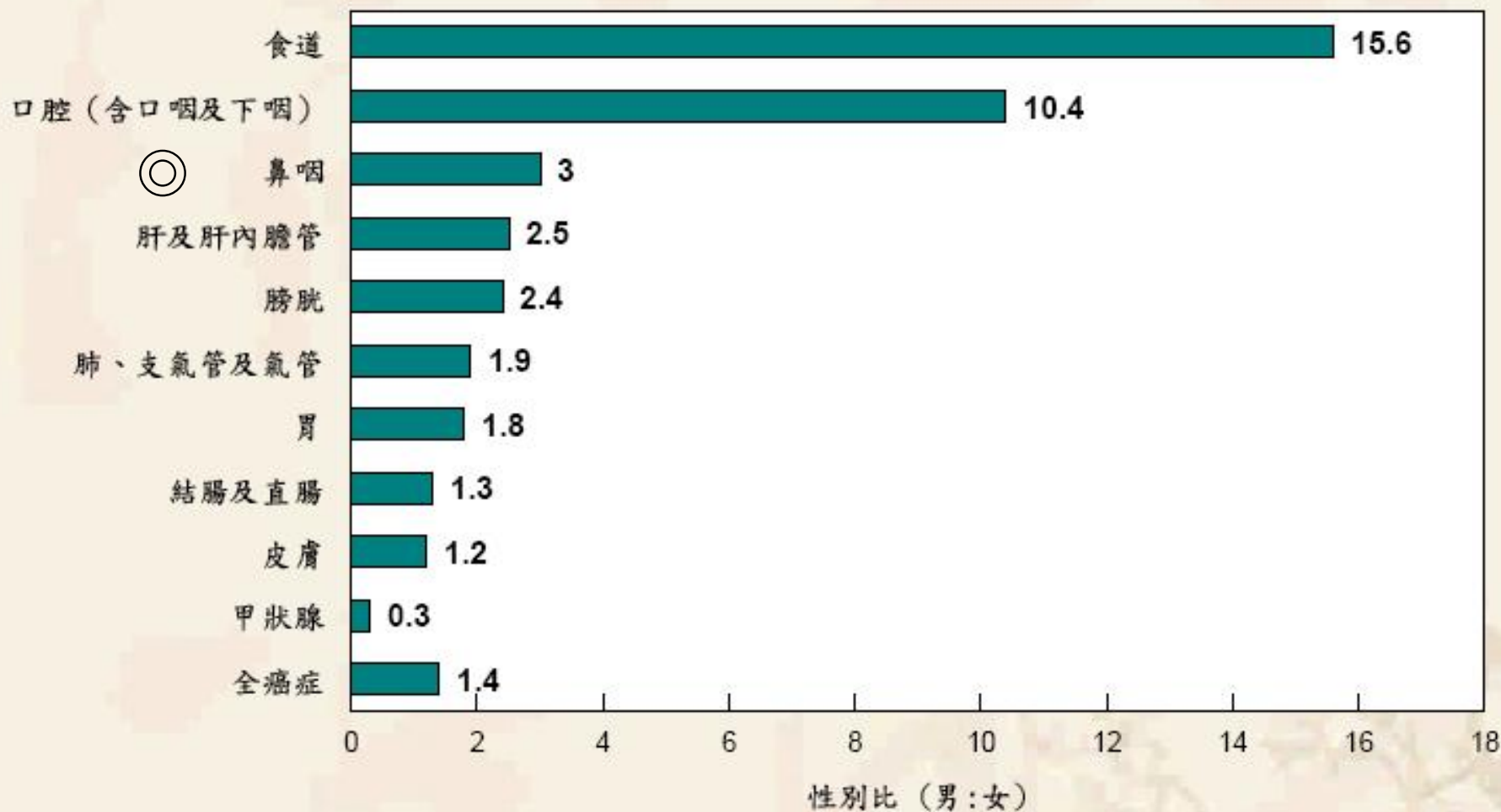
順位	原發部位	95年			94年		95年與94年發生人數增減(人)	95年與94年發生數增減(%)
		個案數(人)	年齡標準化發生率	年齡中位數	個案數(人)	年齡標準化發生率		
1	肝及肝內膽管	7,167	53.7	62	7,159	55.1	8	0.1
2	結腸及直腸	5,793	42.7	68	5,497	41.8	296	5.4
3	肺、支氣管及氣管	5,756	41.5	72	5,566	41.4	190	3.4
4	口腔、口咽及下咽	4,879	35.9	52	4,310	32.4	569	13.2
5	攝護腺	3,073	21.9	75	2,704	19.7	369	13.6
6	胃	2,455	17.6	71	2,288	16.8	167	7.3
7	食道	1,624	12.0	57	1,403	10.7	221	15.8
8	膀胱	1,406	10.1	72	1,363	10.1	43	3.2
9	皮膚	1,328	9.7	70	1,139	8.6	189	16.6
10	鼻咽	1,116	8.3	50	1,123	8.4	-7	-0.6
	全癌症	42,017	309.7	65	39,431	298.6	2,586	6.6

註：年齡標準化率係使用2000年世界標準人口為標準人口。



民國91與95年男性10大癌症年齡標準化發生率增減情形





95年國人主要癌症年齡標準化發生率性別比

# 病因和危險因子



- 鼻咽癌的致病因迄今未明確

- 遺傳因素

- 鼻咽癌家庭成員的罹患率為14.5%，血親越近罹患率越高
    - 鼻咽癌患者的一等親，得鼻咽癌的機率高出常人19.2倍
    - 若HLA為A<sub>2</sub>B<sub>46</sub>DR<sub>9</sub>者，則其得鼻咽癌較正常人高2.3倍

- EB病毒感染

- 飲食因素

- 環境因素



# 鼻咽癌的臨床表現



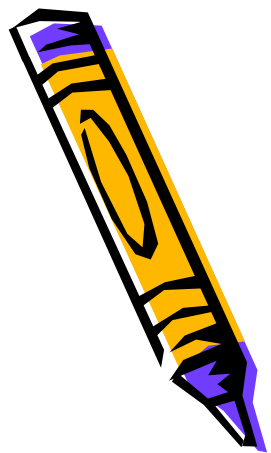
## —頸部淋巴腺腫大

- 耳部症狀：耳鳴、耳閉塞感、聽力減退
- 神經症狀：臉部麻木、複視、視力模糊
- 鼻部症狀：鼻塞、鼻出血、惡臭分泌物
- 頭痛：單側性頭痛



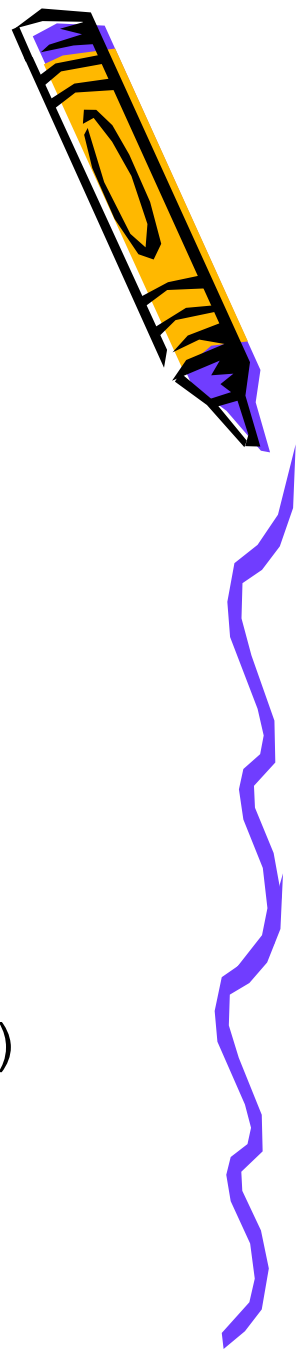
# 鼻咽癌的檢查流程

- Sinoscope and biopsy
- Check anti-EBV antibody
- OPD to confirm diagnosis
- Arrange admission
  - MRI ,bone scan, abdominal echo
  - Multidisciplinary consultation



# 病理組織學分類

- WHO於1978年分類
  - TYPE I : keratinizing squamous cell carcinoma
  - TYPE II : nonkeratinizing carcinoma
  - TYPE III : undifferentiated carcinoma
- 1991年修訂之分類
  - TYPE I : keratinizing squamous cell carcinoma
  - TYPE II : nonkeratinizing carcinoma
    - II-a : differentiated
    - II-b : undifferentiated
- Revised WHO
  - Keratinizing squamous cell carcinoma (SCC,WHO Type I)
  - Nonkeratinizing carcinoma
    - Differentiated (WHO Type II)
    - Undifferentiated (WHO Type III)
  - Basaloid squamous cell carcinoma





# 分期 T (Primary tumor)



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



# 分期 T (Primary tumor)

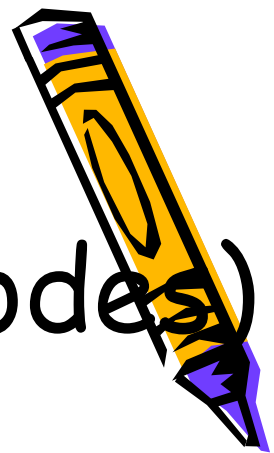


- T1 : Tumor confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without parapharyngeal extension\*
- T2: Tumor with parapharyngeal extension\*
- T3: Tumor involves bony structures of skull base and/or paranasal sinuses
- T4: Tumor with intracranial extension and/or involvement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

\* Parapharyngeal extension denotes posterolateral infiltration of tumor.



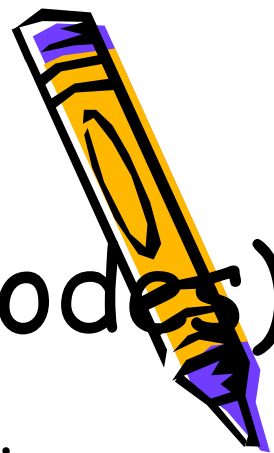
# 分期 N (Regional lymph nodes)



- **N0:** No regional lymph node metastasis
- **N1:** **Unilateral** metastasis in 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 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 extension to supraclavicular fossa**
  - N3a: Greater than 6 cm in dimension
  - N3b: Extension to the supraclavicular fossa\*\*



# 分期 N (Regional lymph nodes)

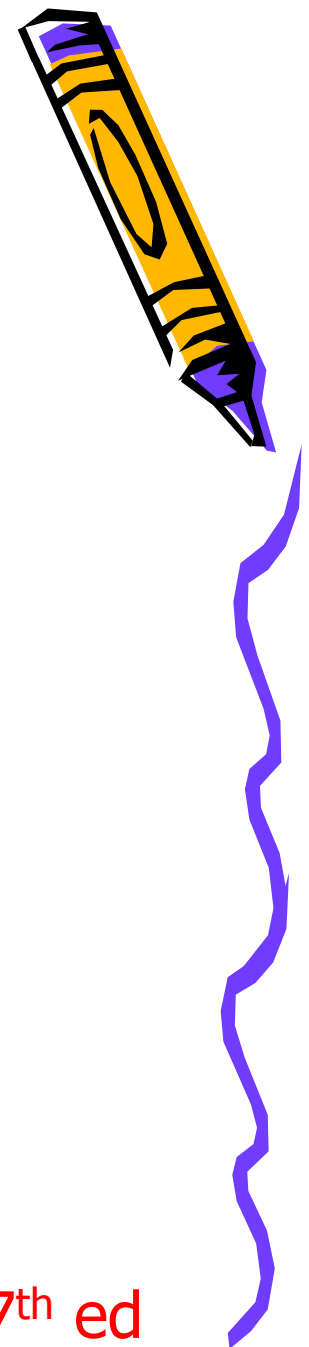


- \* Midline nodes are considered ipsilateral nodes.
- \*\*Supraclavicular zone or fossa is relevant to the staging of nasopharyngeal carcinoma and is the triangular region originally described by Ho. It is defined by three points:
  - (1) the superior margin of the sternal end of the clavicle, (2) the superior margin of the lateral end of the clavicle, (3) the point where the neck meets the shoulder . Note that this would include caudal portions of Levels IV and VB.

All cases with lymph nodes (whole or part) in the fossa are considered N3b.



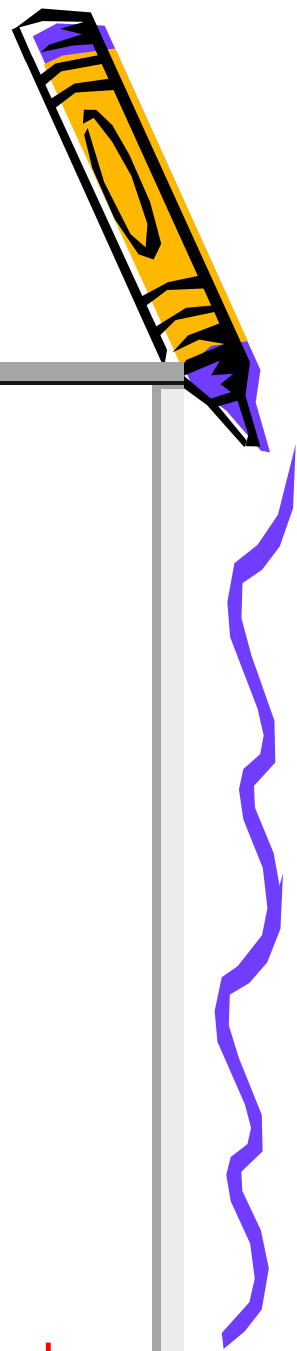
# 分期 M (Distant metastasis)



- **M0**: No distant metastasis
  - (no pathologic M0; use clinical M to complete stage group)
- **M1**: Distant metastasis



# TNM Staging (NPC)



		CLINICAL		
GROUP	T	N	M	
<input type="checkbox"/> 0	Tis	N0	M0	
<input type="checkbox"/> I	T1	N0	M0	
<input type="checkbox"/> II	T1	N1	M0	
	T2	N0	M0	
	T2	N1	M0	
	T3	N2	M0	
<input type="checkbox"/> III	T2	N2	M0	
	T3	N0	M0	
	T3	N1	M0	
	T3	N2	M0	
<input type="checkbox"/> IVA	T4	N0	M0	
	T4	N1	M0	
	T4	N2	M0	
<input type="checkbox"/> IVB	Any T	N3	M0	
<input type="checkbox"/> IVC	Any T	Any N	M1	
<input type="checkbox"/> Stage unknown				





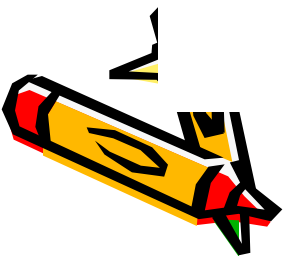
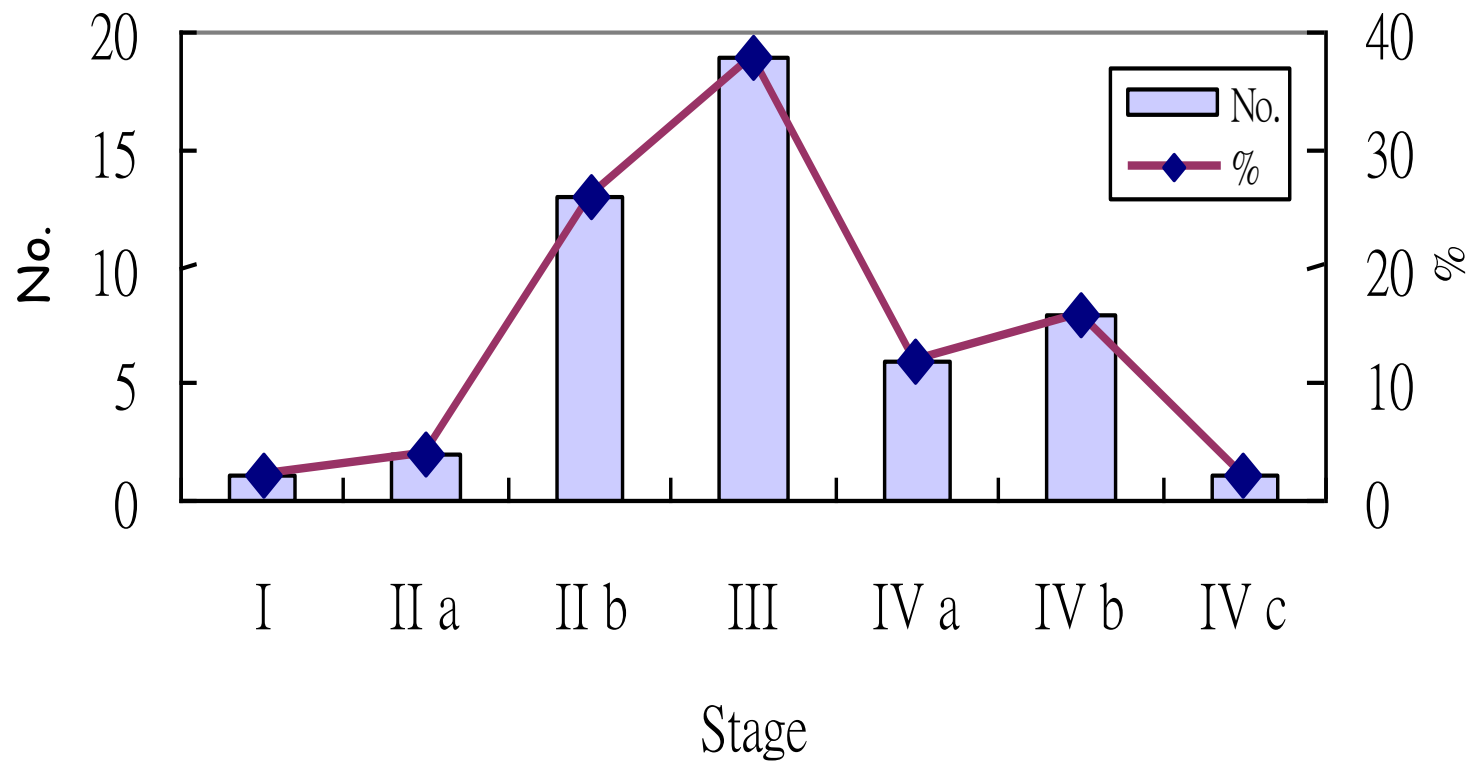
# TNM鼻咽癌分期

	T1	T2	T3	T4
N0	I	II	III	IVa
N1	II	II	III	IVa
N2	III	III	III	IVa
N3	IVb	IVb	IVb	IVb

Any T Any N M1 : IVc



# 鼻咽癌分期的分布 (MMH)

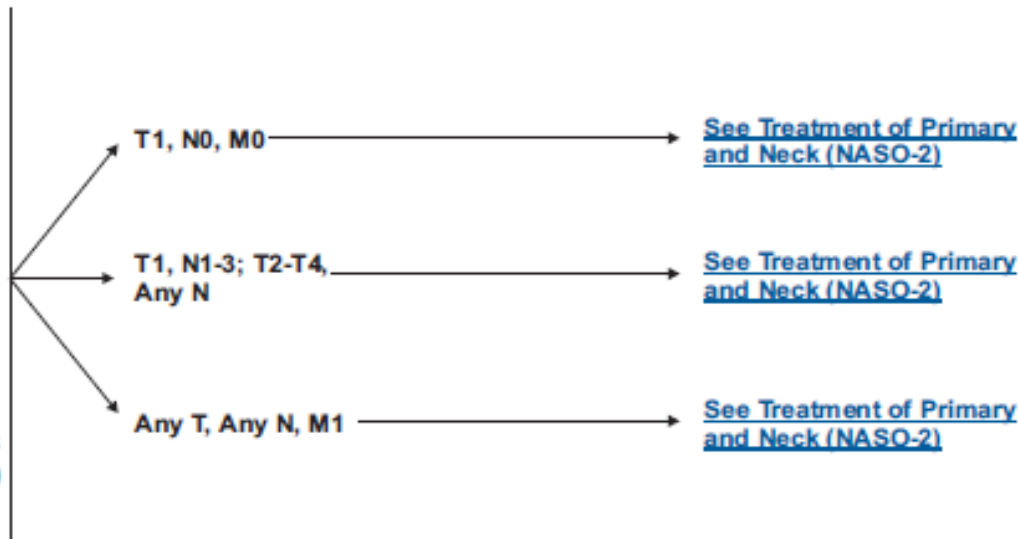




**WORKUP**

**CLINICAL STAGING**

- H&P including a complete head and neck exam; mirror and fiberoptic examination as clinically indicated
  - Nasopharyngeal exam and biopsy
  - Chest imaging
  - MRI with gadolinium of nasopharynx and base of skull to clavicles and CT (as indicated) with contrast
  - Consider PET-CT for stage III-IV disease
  - Dental evaluation as indicated
  - Nutrition, speech & swallowing evaluation/therapy, and audiogram as indicated
  - Imaging for distant metastases (chest, liver, bone) for WHO class 2-3/N2-3 disease (may include PET scan and/or CT)
- Multidisciplinary consultation as indicated



Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.



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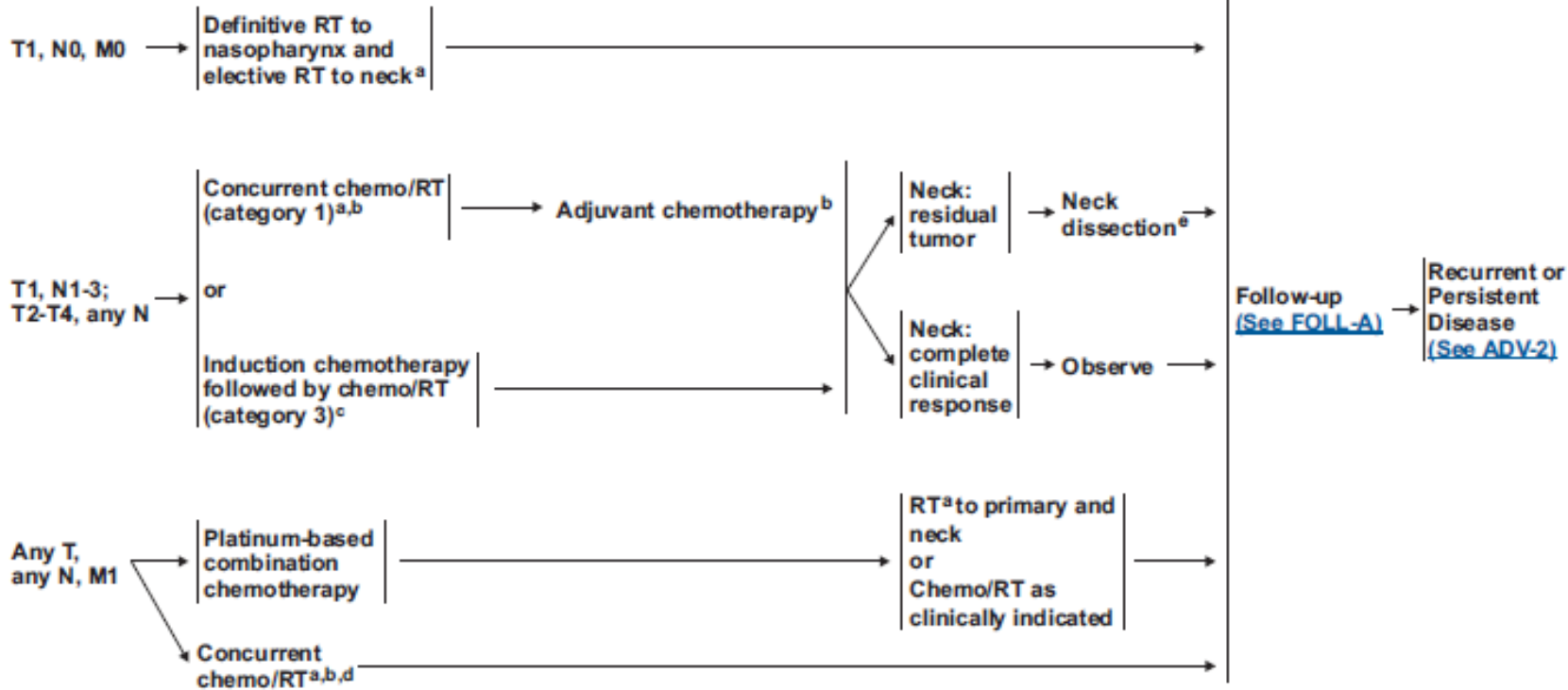
## Cancer of the Nasopharynx

[NCCN Guidelines Index](#)  
[Head and Neck Table of Contents](#)  
[Discussion](#)

### CLINICAL STAGING

### TREATMENT OF PRIMARY AND NECK

### FOLLOW-UP



<sup>a</sup>See Principles of Radiation Therapy (NASO-A).

<sup>b</sup>See Principles of Systemic Therapy (CHEM-A).

<sup>c</sup>See Discussion on induction chemotherapy.

<sup>d</sup>Can be used for select patients with distant metastasis in limited site or with small tumor burden, or for patients with symptoms in the primary or any nodal site.

<sup>e</sup>See Principles of Surgery (SURG-A).

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## PRINCIPLES OF RADIATION THERAPY<sup>1</sup>

### Definitive RT

- Primary and gross adenopathy:  
66-70 Gy (2.0 Gy/fraction; daily Monday-Friday) in 7 weeks
- Neck
  - > Uninvolved nodal stations: 44-64 Gy (1.6-2.0 Gy/fraction)

### Concurrent chemoradiation

#### Conventional fractionation:

- Primary and gross adenopathy: 70 Gy (2.0 Gy/fraction)
- Neck
  - > Uninvolved nodal stations: 44-64 Gy (1.6-2.0 Gy/fraction)

**IMRT is a preferred technique in cancer of the nasopharynx to minimize dose to critical structures.**

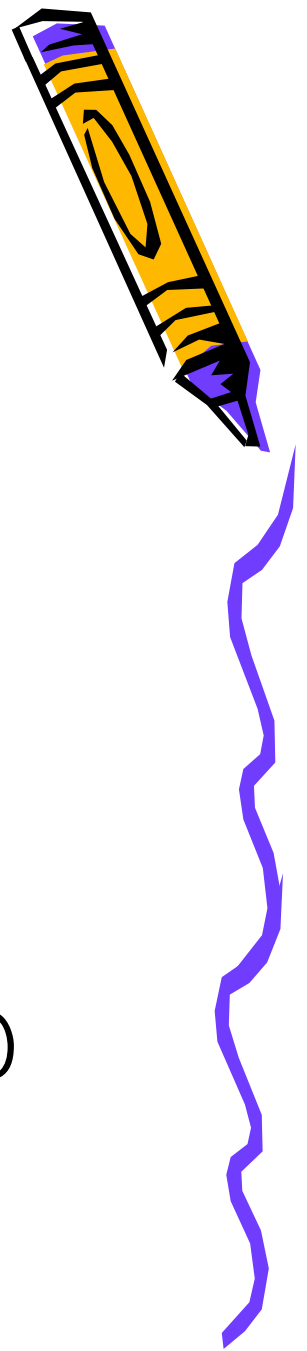
<sup>1</sup>See [Radiation Techniques \(RAD-A\)](#) and [Discussion](#).

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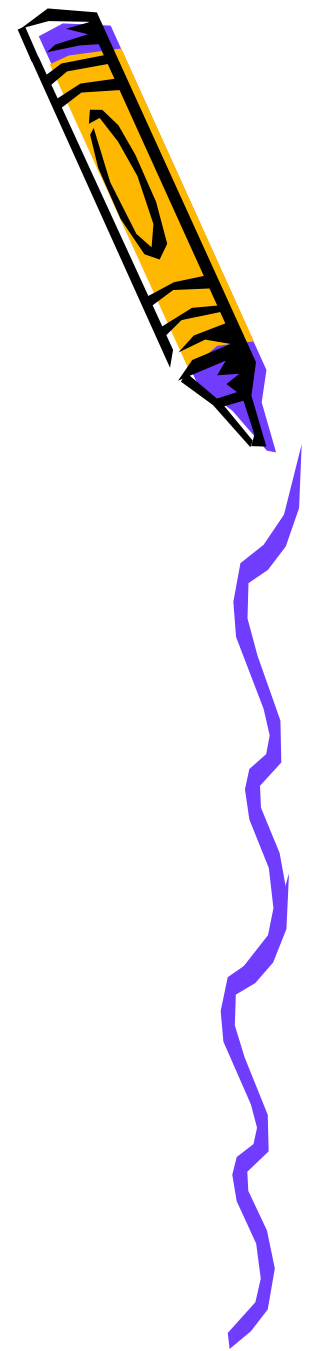
# 治療

- Concurrent chemoradiation
  - Chemotherapy
    - CDDP 15mg/m<sup>2</sup> 24h-infusion on day 1-5
    - 5FU 750mg/m<sup>2</sup> 24 h-infusion on day 1-5
    - x 2 courses
  - Radiotherapy
    - primary and gross nodal disease ( $\geq 70$  Gy)
    - Prophylactic neck ( $\geq 60$  Gy)





# 治療



- Adjuvant chemotherapy:
  - CDDP, 75mg/ m<sup>2</sup> 24h-infusion on day 1,
  - 5FU 1500mg/m<sup>2</sup> 24h-infusion on day 1-2,
  - If partial remission, additional 2 courses.



# 鼻咽癌放射治療之副作用



- 急性：
  - 口咽黏膜炎、咽喉疼痛、皮膚炎等
- 慢性：
  - 口乾、頸背纖維化、慢性中耳炎併聽障
- 晚期：
  - Temporal lobe necrosis
  - Hypothalamic-pituitary dysfunction
  - Skull base osteoradionecrosis
  - Delayed bulbar palsy
  - Radiation-induced second cancer



# 鼻咽癌化學治療之副作用



- 常用藥物：

- 5FU、cisplatin、cetuximab

- gemcitabine、paclitaxel、oxaliplatin、carboplatin、anthracyclines、mitomycin C

- 血球降低、粘膜發炎、嘔吐、聽力、腎臟功能的影響



# 追蹤



- 回診檢查項目
  - 容易復發的部位與治療前癌細胞散佈情況有關
    - 鼻咽、頸部淋巴結、骨骼、肺臟、肝臟
  - 常規檢查
    - 鼻後鏡或內視鏡
    - EB病毒抗體之檢測
      - EBV EA IgA 、 EBNA IgA 、 EBV VCA IgA
      - Plasma DNA copy
      - Nasopharynx swab EBNA-1 、 LMP-1 RT-PCR
    - MRI
    - Bone scan
    - Abdominal echo
    - PET / PET CT

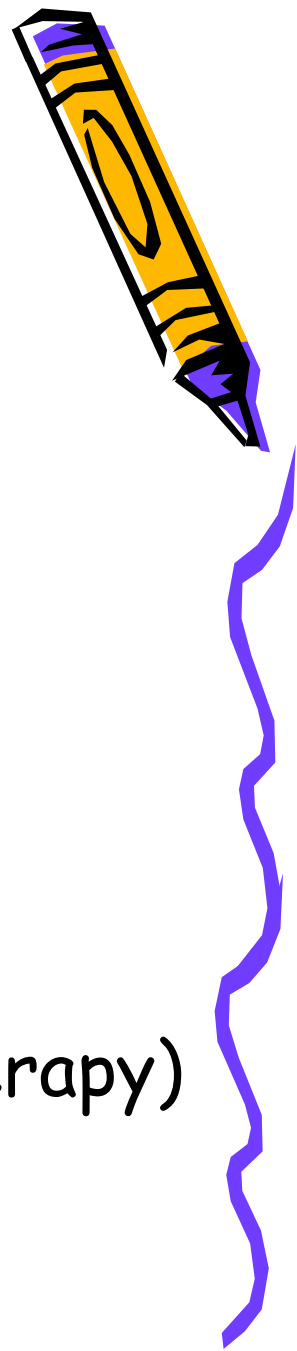


# 復發治療

- 局部復發的鼻咽癌
  - Surgery
    - Open surgery
    - Endoscopic surgery
  - Photodynamic therapy
  - Brachytherapy
  - Re-irradiation or Chemoradiation
  - Chemotherapy (new trial or target therapy)

• 頸部殘留腫塊或復發

施行頸部廓清術或放射線治療。



# 台灣地區鼻咽癌標準化死亡率趨勢

