UCCH Pathway

UCCH Guideline
Nasopharyngeal Cancer

2.03.01 Anlage 26

Version Aug/2021

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Guideline Nasopharyngeal Cancer

Version 08, Aug/2021

according to TNM classification 8th edition

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Implemented	Apr/2008
Revised	Dec/2010, Dec/2011, May/2015, May/2016, Jun/2017, Apr/2019, Aug/2021
Next planned review	Aug/2023

Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

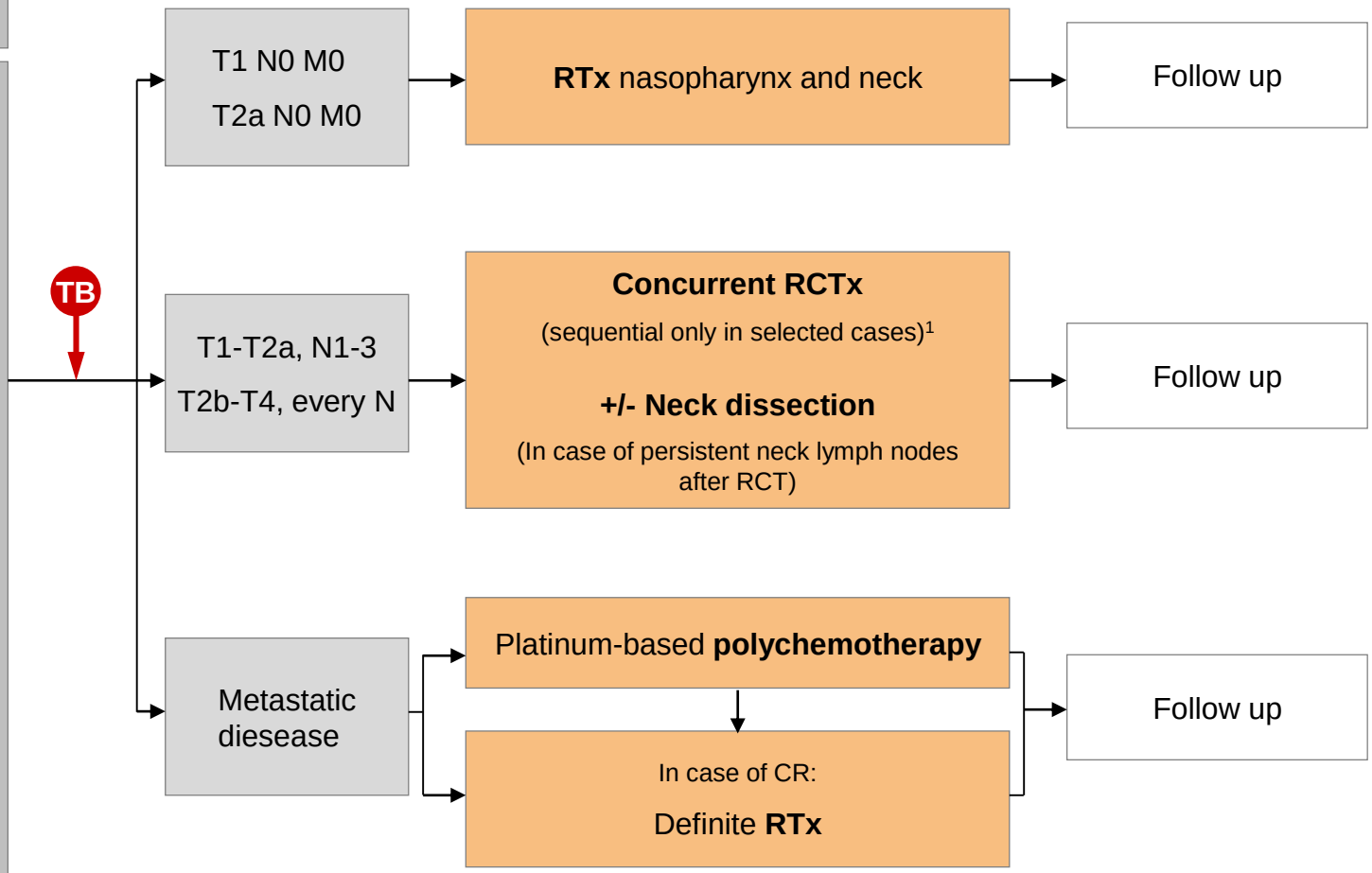
= Referral

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

Pathway: Nasopharyngeal Cancer

Work up

- Physical exam
- EBV-serology /-pathohistology
- Panendoscopy
- Biopsy
- MRI and / or CT nasopharynx, skullbase, neck
- Dental evaluation and panorex as indicated
- Chest x-ray **and / or**
- CT of chest and upper abdomen, bone scan (WHO class II-III, or N 2-3)
- PET-CT (stage III-IV)
- Multidisciplinary consultation as indicated
- <u>Supportive:</u>
  - Offer contact to self help group
  - Screen for psychosocial distress



RTx Radiotherapy, RCTx Radiochemotherapy, CR complete remission

[1] See preconditions for Protocoll Sequential Therapy on page 5/6

Page 2: Restaging

6 weeks after completion of therapy

- Clinical examination
- Ultrasound neck
- Examination (endoscopy) under anesthesia
- MRI neck (including primary lesion), if contraindication CT neck
- In case of unclear or suspicious lesion in thorax or abdomen: CT chest, CT/ultrasound abdomen

Palliative setting

- CT imaging after 6-8/9 weeks, depending on clinical outcome. No imaging in clinically measurable manifestation.

Page 3: Follow up

Every 3 months up to 30 months, afterwards every 6 months (5-year follow up)
Offer contact to self help group and psychooncological support whenever necessary

- Clinical examination
- Ultrasound of the neck
- Examination (panendoscopy) under anesthesia in case of suspicion of recurrence
- Thyroid function 1, 2 and 5 years after irradiation of the neck

- UICC I/ II:
  - Chest x-ray every 12 months and in case of suspicion of recurrence
  - MRI of the neck every 12 months and in case of suspicion of recurrence

- UICC III/ IV:
  - MRI of the neck and CT of the thorax every 12 months and in case of suspicion of recurrence
  - Abdominal ultrasound

Page 4: Therapy Protocols

Radiotherapy (RTx):

- 66 – 70 Gy, SD 1,8 - 2 Gy/die, including cervical lymph outflow (50 Gy)

Radio-chemotherapy (RCTx):

- 70 Gy, 1,8 - 2 Gy/die (7 weeks)
- 100 mg/m^2 Cisplatin i.v. on d1, d22, d43
- 80 mg/m^2 Cisplatin i.v. on d71, d99, d127 plus
- 1000 mg/m^2 5-Floururacil (24h infusion) on d71-74, d99-102, d127-130

Protocol Sequential Therapy - page 1

Staging: ENT-clinic

- Physical exam
- Ultrasound neck
- Biopsy (including HPV p16 analysis)
- MRI for primary and neck (CT with contrast if contraindications against MRI)
- Chest x-ray and ultrasound abdomen **or**
- CT chest and abdomen (UICC stage III or IV and recurrent disease)
- Panendoscopy under anesthesia
- Preanesthesia studies
- Dental evaluation and panoramic view as indicated
- Voice, speech, swallowing and breathing evaluation as indicated
- Multidisciplinary consultation as indicated
- Portacath (Department of radiology, registration in angiographie phone: 54022)
- Creatinine clearance
- Audiometry
- PEG tube

Protocol Sequential Therapy - page 2

Induction chemotherapy: Medical Oncology

- 3 cycles TPF on d1, d22 and d43 (Precondition:
  - ECOG 0-1
  - Adequate bone marrow function: leucocytes > 3.0 x 10^9/L, neutrophils > 1 x 10^9/L, platelets > 80 x 10^9/L, hemoglobin > 9.0 g/dL
  - Adequate liver function: Bilirubin < 2.0 g/dL, SGOT, SGPT, AP, G-GT < 3 x ULN
  - Adequate renal function: serum creatinine <1.5 mg/dL, or if creatinin between 1.5 mg/dL and 1.8 mg/dL, creatinine clearance > 60ml
  - No serious co-morbidity, e.g. arterosclerosis + apoplexy, recent MI, high-grade carotic stenoses, unstable cardiac disease despite treatment, congestive heart failure NYHA grade 3/4, Insulin-dependent diabetes mellitus, uncontrolled hypertension, liver cirrhosis (Quick < 75%, total protein <3.0 g/dl, bilirubine >2mg/ml) or kidney insufficiency)
- TPF: Docetaxel 75 mg/m2 d1, Cisplatin 100 mg/m2 d1, 5-FU 1000 mg/m2 d1-4 (In case of dip in hearing sensitivity Cisplatin may be splitted into 50 mg/m2 on d1+2)
- Supportive therapie: GCSF (e.g. Neulasta) d6, Ciprobay 500 mg 1-0-1 in case of neutropenia < 1000/µl

Protocol Sequential Therapy - page 3

Restaging after 3 cycles TPF has to be organized by Medical Oncology within 3 weeks after 3. cycle TPF so that radiation can start on d 64-71!!

- Panendoscopie (ENT-clinic)
- MRI-neck (or CT if contraindications against MRI)
- Audiometry and Creatinine Clearance if necessary
- In case of CR/PR: combined radiochemotherapy beginning d63 (=>PEG-tube necessary)
- In case of SD/PD: salvage-resection with adjuvant radiation

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Radiotherapy:
Department for radiotherapy

- Radiatio: 70Gy, 2 Gy/d (five fractions per week until week seven)

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Follow up: Interdisciplinary tumor consultation

CR complete remission, PR partial remission, PD progressive disease