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ESMO Preceptorship Programme

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Nasopharyngeal Carcinoma

ESMO Preceptorship on Head & Neck Cancer, Hong Kong

Disclosure

I have following disclosure

Merck Serono Pty Ltd sponsored my travel and accommodation to attend this meeting

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Case Study

- 45 year old man initially presented to his GP with several months history of left sided blocked ear and intermittent left temporal headache
- Initially considered middle ear infection and treated with antibiotics
- Eventually referred to ENT

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- On examination confirmed left glue ear and some abnormality in post nasal space and also quite prominent bilateral cervical lymphadenopathy
- PET/CT showed left nasopharyngeal mass, extending to base of the skull posteriorly. Bilateral level I II III LN. No distant metastasis (T1N2M0).
- Biopsy from the nasopharyngial mass reported as poorly differentiated or undifferentiated carcinoma.
- Patient is from Hong Kong and has strong family history of nasopharyngeal cancer

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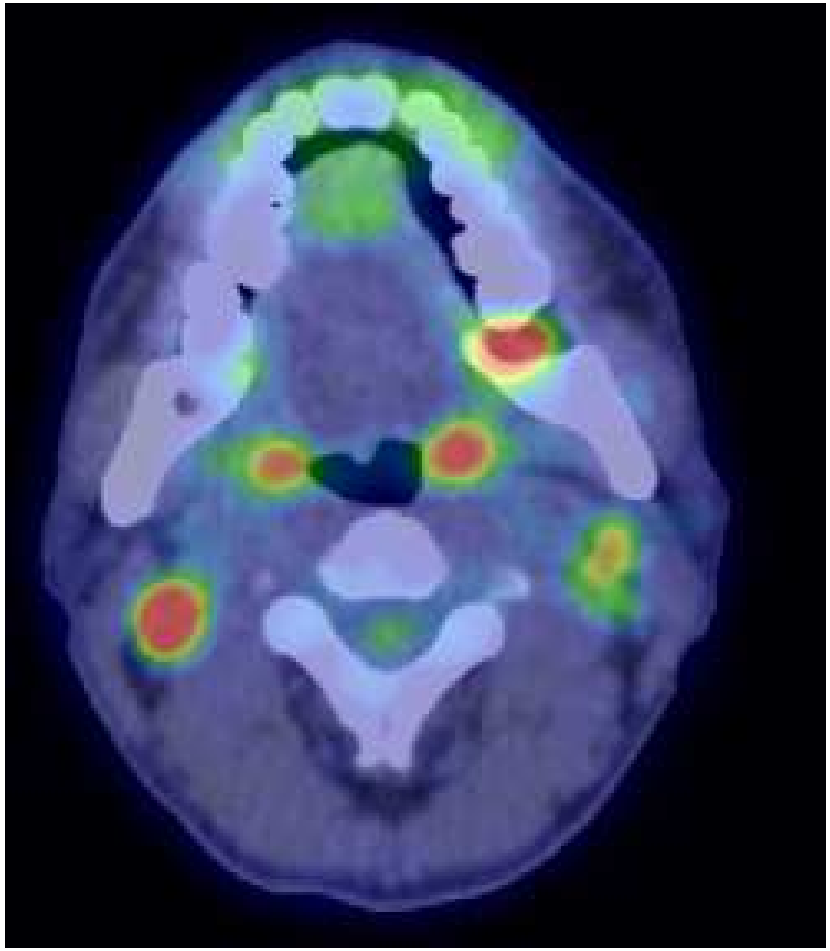
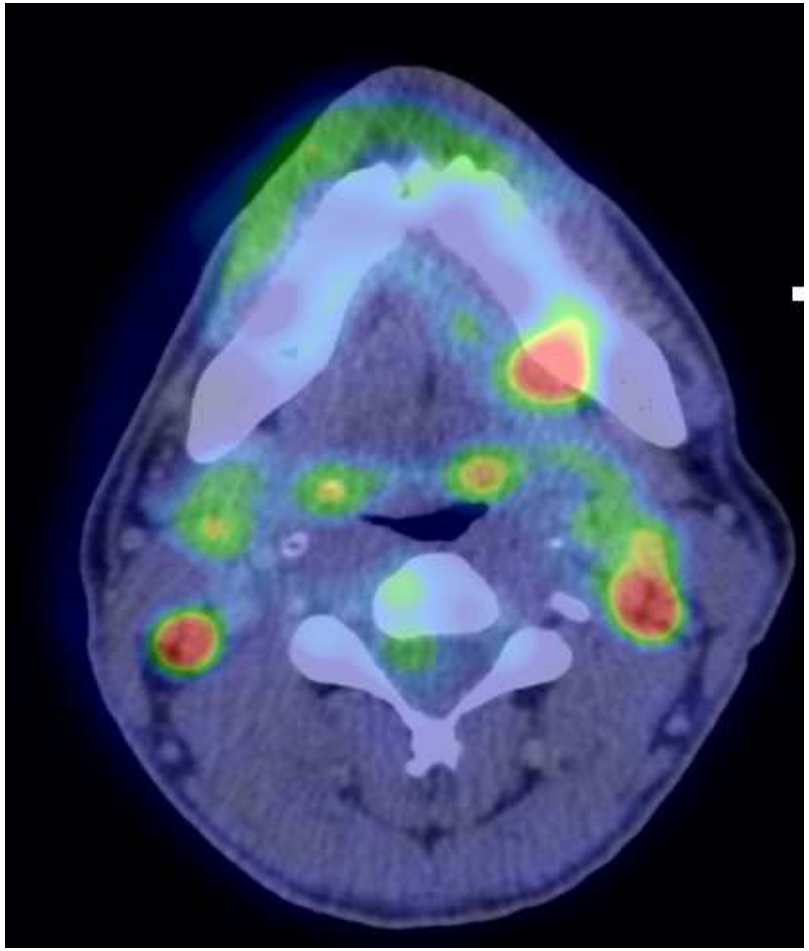
PET/CT





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- He has no significant past medical history
- He is a current smoker (30 pack year of smoking), occasionally drinks alcohol. Has no children and no plan to have children. Doesn't want to get sperm banking. Understands treatment with chemo-radiotherapy can cause permanent or temporary sterility.
- His case was discussed at MDT and suggested for radical chemo-RT

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Question

- Should this patient have neoadjuvant chemotherapy?
- Should this patient be reassessed after neoadjuvant chemo for resection?
- Should this patient have chemo-radiotherapy without neoadjuvant chemo
- Is there any benefit with high dose Cisplatin over weekly Cisplatin with radiotherapy?

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