Preface

Nasopharyngeal cancer is a unique type of head and neck malignancy. Essentially unresectable because of proximity to the skull base, nasopharyngeal cancer historically had been treated by radiation therapy alone. Although cure rates for early-stage disease have been relatively good, the substantially worse outcome for locoregionally advanced disease and the not insubstantial risk of disseminated disease clearly indicated that a more effective therapeutic strategy was needed for more advanced tumors.

The use of concurrent chemotherapy with radiation therapy, popularized by the landmark Intergroup trial (INT0099), has significantly improved the outcome of advanced nasopharyngeal cancers. This trial can be therefore viewed not only as a proof of principal, but also as a starting point for the refinement of chemotherapy-enhanced radiation therapy in the management of this disease, a quest that continues to the present time.

Similarly, technical advances in radiation therapy, particularly the development of intensity modulated radiation therapy (IMRT) and image guided radiation therapy (IGRT), have also improved our abilities to place the radiation dose precisely in three-dimensional space, ensuring adequate coverage of the gross tumor and clinical target volumes while simultaneously sparing normal tissues. As the anatomic location of the nasopharynx is in close proximity to critical organs at risk, appropriate beam shaping and placement previously had been (at times insurmountable) challenges for the radiation oncologist.

However, as occurs in any rapidly evolving field, numerous unanswered questions and controversies remain. The optimal schedule, timing, and specific chemotherapy regimen (both concurrent and adjuvant) are still unknown. The delineation of ideal target volumes for IMRT is both an opportunity and a challenge for radiation oncologists who are specialized in the management of this malignancy. Similarly, recent developments in molecular biotechnology herald the prospect of better diagnosis and/or individualized treatment of the disease. Yet, the practicing physician cannot wait for these answers and must make crucial decisions on his/her patients’ behalf today, based on the information available. Clearly, with all these opportunities and challenges, sound understanding of the updated current knowledge of nasopharyngeal cancer is essential.

Hence, we initiated this international collaborative effort to provide a comprehensive review of all key knowledge practicing physicians currently need to know about the management of nasopharyngeal cancer, arranged in four sections. The first part of the
book (Chaps. 1–9) discusses the biologic concepts: epidemiology/etiology, pathogenesis, clinically pertinent molecular biology, clinical presentation, diagnosis, and staging. The second part (Chaps. 10–17) details the current concepts of definitive (often multidisciplinary) therapy for nondisseminated nasopharyngeal carcinoma. Critical analyses of the clinical trials that form the basis of currently available evidence-based medicine, current state-of-the-art treatment strategies, and novel approaches that promise further improvements in outcome are explained in the chapters of this section. In the third section (Chaps. 18–21), management of more desperate situations, failure after initial treatment, and palliation of distant metastasis are discussed. Patients’ long-term quality of life after treatment (Chap. 22), the fortunately rare occurrence of nasopharyngeal cancer in early life, and the staging of the disease (Chap. 24) are reviewed as well. We consider that such an arrangement not only provides appropriate coverage of the core of knowledge and discussions that are crucial to clinical management of nasopharyngeal carcinoma, but also facilitates a structural and systemic way of studying and understanding this knowledge.

We greatly appreciate the expertise and authoritative contributions of all of the included authors, each reflecting their dedication to improve the outcome of care of future patients. Consequently, we have intentionally allowed the authors to address some of the same key issues in different chapters to provide different perspectives of unresolved issues. In the end, the success of this publication must be measured primarily by how well we elicit ideas and provoke thoughts for future research in the clinical management of nasopharyngeal carcinoma.

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