

# Treating Nasal and Paranasal Sinus Cancer - A Quick Guide



## Contents

This is a brief summary of the information on 'Treating nasal and paranasal sinus cancer' from CancerHelp UK. You will find more detailed information on the website.

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## About stage and grade of nasal and sinus cancers

The stage of a cancer tells the doctor how far a cancer has grown or spread. It is very important because the stage often decides the treatment. The tests and scans that you have when your doctor is diagnosing your cancer will give you some information about the stage. But your doctor may not

be able to tell you the exact stage until after you have surgery.

## Different staging systems

There are different ways of staging cancers. The two main ways are the TNM system and number systems. Sometimes the stage of your cancer may sound a bit confusing. If you don't feel you understand the stage of your cancer and would like to know more, ask your doctor.

The staging of nasal cavity and paranasal sinus cancers is extremely complicated. Staging systems have only been developed for maxillary sinus, ethmoid sinus and nasal cavity cancer. There is more detailed information about staging these 3 different types on CancerHelp UK. If you have cancer anywhere else in the sinuses your doctor will decide your treatment based on the size, location and type of the tumour you have.

## TNM staging

'TNM' stands for Tumour, Node and Metastasis. The system describes

- The size of a primary tumour (T) and how far it's grown locally
- Whether the cancer has spread to the lymph nodes (N)



- Whether the cancer has spread to a different part of the body (M)

### Number stages

There are five main stages in this system – stages 0 to 4. Stage 0 is a very early stage cancer. Some doctors prefer to call this pre cancer because there are cancer cells only in the skin-like tissue covering your sinuses. This means the cancer cells are contained there and cannot spread. If it is not treated, there is a high chance of this condition going on to develop into an invasive cancer

### The grade of your cancer

The grade of a cancer tells you how much the cancer cells look like normal cells. There are 3 grades of sinus cancer. Grade 1 is low grade – the cancer cells look very much like the normal ethmoid sinus cells. Grade 2 is intermediate grade and grade 3 is high grade – the cancer cells look very abnormal. Low grade cancers are usually slower growing and less likely to spread. High grade cancers are likely to be faster growing and are more likely to spread.

### Statistics and outlook for nasal cavity and paranasal sinus cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. With nasal and paranasal sinus cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage). The outlook also depends on which parts of the nasal cavity or paranasal sinuses are involved.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp

UK. They are intended as a general guide only.

For the more complete picture in your case, you'd have to speak to your own specialist.

### How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

### Who treats nasal and sinus cancer

#### Being cared for by a multidisciplinary team

NHS guidelines emphasise that all head and neck cancer patients should be under the care of a 'multidisciplinary team' (MDT). This is a team of health professionals who work together to decide on the best way forward for each patient. The MDT includes specialist head and neck surgeons and cancer specialists, a specialist nurse, dietician, prosthodontist and speech therapist.

If you are concerned that a multi disciplinary team is not looking after you, do ask about it. It may be that you have only seen one specialist, but the team have still got together with your test results and case notes to discuss the best treatment options for you.



CancerHelp UK has more information about the different professionals who will be involved in treating you.

### Treatment options for nasal and sinus cancer

As with many types of cancer, diagnosing your nasal cavity or paranasal sinus cancer early means it will be easier to control and possibly cure. These cancers can be treated with surgery, radiotherapy and chemotherapy. You may have one of these treatments alone or a combination. Your doctor will plan your treatment according to

- The type of cancer you have you have
- Whether the cancer has spread (the stage)
- What the cells look like under a microscope (the grade)
- Your general health

Surgery alone will cure some tumours, but others will respond better to radiotherapy. Your specialist may advise that surgery is the best treatment for you because of the stage or position of your cancer. In other circumstances, it may be better to have radiotherapy (with or without chemotherapy) because you may have fewer problems after treatment with eating or speaking, for example.

In some situations you may have a choice between types of treatment. Making the choice can be difficult, but your doctor and specialist head and neck cancer nurse will be able to help you decide which is best for you.

### If your cancer has spread

If your cancer has spread to another part of your body, surgery to remove the original

tumour will not cure your cancer. But it may help to control your symptoms and disease. You may also be offered radiotherapy or chemotherapy.

### Treatment by stage for nasal and sinus cancer

Stage means how far the cancer has grown. Stage matters because it plays a large part in deciding on treatment. Doctors will base their treatment decisions for nasal cavity and paranasal sinus cancers on the type and location of your tumour and the stage - its size and spread.

CancerHelp UK describes the likely treatment for each stage of the different nasal and paranasal sinus cancers. There is information on

- Maxillary sinus cancer
- Ethmoid sinus cancer
- Cancer in the sphenoid sinuses
- Nasal cavity cancer
- Other types of cancer including melanomas, lymphomas and sarcomas
- Treating cancer that has come back

### About surgery for nasal and sinus cancer

Depending on the type of operation you have and the site of your cancer, your surgery may change

- The way you can chew and swallow
- Your sense of smell
- How you see
- How you hear
- How you breathe (temporarily)

These changes may happen because your face and neck is swollen and sore after surgery. These temporary changes will disappear once you start to heal. Swelling may temporarily change how you look. But



you may also have permanent changes in what you can do and the way you look. Your surgery may mean you need to have a false part called a prosthesis made. This is to replace the part of your face that has been removed. Some types of surgery can temporarily affect how you breathe and you may need to have a temporary breathing stoma. This is a hole in your neck, made so that you can breathe. You may hear this called a tracheostomy.

### **Having lymph nodes removed**

Cancers of the nasal cavity and paranasal sinuses do sometimes spread to the lymph nodes in the neck. If there is cancer in these nodes, you may need to have them removed, or to have them treated with radiotherapy. An operation to clear the nodes on one or both sides of the neck is called a neck dissection. You may have neck and shoulder stiffness or weakness in your arm after a neck dissection.

### **Operations for nasal and sinus cancer**

The main aim of surgery is to remove the tumour along with the smallest possible amount of surrounding healthy tissue and bone. Your doctor will also try to prevent major changes to your vital functions such as breathing, chewing and swallowing. But in some cases the surgery will cause changes.

### **Surgery to remove nasal cavity cancer**

It may be possible for the surgeon to just remove the tumour and some surrounding tissue. Or you may have to have part or all of your nose removed. If so, your surgeon will need to rebuild your nose using tissue taken from your face or another part of

your body. Or they will use an artificial prosthesis to make a new nose.

### **Surgery to remove paranasal sinus cancer**

The type of surgery you have depends on which sinuses are involved and the size of the tumour. CancerHelp UK describes the different operations to remove paranasal sinus cancer, including endoscopic surgery.

### **Surgery to remove your lymph nodes**

This is called a neck dissection. You may have some or all of the lymph nodes on one side of your neck removed. There are several different types of neck dissection. Some people may have long term side effects after this type of surgery.

### **Before your operation for nasal and sinus cancer**

When you go into hospital for your operation, your surgeon, anaesthetist, physiotherapist, speech therapist, specialist head and neck nurse and dietician will come to talk to you about what will happen.

Your surgeon will explain the operation and tell you what to expect when you come round from the anaesthetic. If your operation might cause problems with speech, a speech therapist will talk to you about different ways you can communicate afterwards.

It is important to ask as many questions, as you need to. It may help to make a list of questions before you go into hospital to have your surgery. The more you know about what is going to happen, the less frightening it will seem.



Before your operation you will have some tests to check your general health. Your physiotherapist will teach you breathing and leg exercises to do after the operation to help prevent blood clots and chest infections.

If you have recently been finding eating and drinking difficult, you may have fluids through a drip into your arm before your surgery. This will prevent dehydration before your operation. And if you have body hair on your neck, chest or face, you will need a shave before your operation. This reduces the risk of wound infection after your operation.

### After your operation for nasal and sinus cancer

When you wake up, you may have several different tubes in place. These may include a drip in your arm, drains from your wound, and a fine tube into your stomach to give you liquid food. The feeding tube may go down your nose, or you may have one put in through the wall of your abdomen (a gastrostomy tube). You may have gauze packs or cotton wedges inside your nostrils. If both sides of your nose are packed you will have to breathe through your mouth.

### Coping with pain

You will almost certainly have some discomfort for the first week or so. It is important to tell your doctor or nurse as soon as you feel any pain. They need your help to find the right type and dose of painkiller for you.

### Eating and drinking

If your surgery has involved your mouth, you may not be allowed to eat or drink for a few days. You will have fluids through your drip. If you have had major surgery

you may not be able to eat or drink for some time. You will need to have liquid food through a tube. Your surgeon will put the tube up your nose and into your stomach during surgery.

### Seeing yourself for the first time

If the surgery has changed the way you look, it may be very difficult to look in the mirror at first. You may feel very angry, confused and upset for some time.

### What to ask your doctor about nasal and sinus cancer surgery

- Why do I need an operation?
- Which type of operation should I have and why?
- What exactly are you going to do?
- Could you draw me a diagram to help me understand what you are planning?
- Will the operation cure my cancer?
- What are the risks and benefits of having this operation?
- What are the long term effects of this operation?
- What will I look like after the operation?
- How will my appearance change as I recover?
- Will I have pain after this operation?
- How will I breathe after my operation?
- How long will I have a drip after surgery?
- When will I be able to start eating again?
- Will I be able to eat and drink normally after this operation?
- Will I get help with my diet after the operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?



- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?

### About radiotherapy for nasal and sinus cancer

Radiotherapy uses high energy rays to kill cancer cells. Radiotherapy may be the first choice of treatment for some types of nasal cavity and paranasal sinus cancers. It can cure many people with early stage cancers. Whether this type of treatment is suitable for you will depend on the type of cancer you have, exactly where it is, its size and how far it has grown into the surrounding tissues.

### Radiotherapy with chemotherapy

You may have radiotherapy and chemotherapy together for some types of nasal cavity and paranasal sinus cancers.

### Radiotherapy after surgery

Radiotherapy after surgery helps to stop your cancer from coming back. You may have it because the tumour was difficult to remove and there may be cancer cells left behind. Or because the tumour had spread locally into nearby structures. Or because cancer cells were found in your lymph nodes.

### Radiotherapy to relieve symptoms

You may hear this called palliative radiotherapy. It relieves symptoms by shrinking the cancer. The cancer may grow back, but it could take a while to do so. Radiotherapy can also help to relieve pain.

There is more information in the 'radiotherapy' section of CancerHelp UK.

### Having radiotherapy for nasal and sinus cancer

You have your treatment in the hospital radiotherapy department. This means going to the hospital for treatment once a day, from Monday to Friday, with a break at the weekends. A course of treatment usually lasts for between 4 and 7 weeks.

### Radiotherapy masks

If you have radiotherapy to any area of your face and neck, you will usually need to wear a treatment mask. This keeps your head and neck very still during your treatment. The mask will fit over your lower jaw and neck. The radiographer attaches it to the radiotherapy couch each time you are treated.

### Planning your treatment

Radiotherapy treatment is carefully planned. During your planning appointment, you lie under a large machine called a simulator. Using information from a CT scan or X-rays, the simulator works out exactly where to give the treatment.

### Having treatment

Each treatment only takes a few minutes. You cannot feel it. Radiotherapy does not make you radioactive.

### Side effects of nasal and sinus cancer radiotherapy

Most people do have side effects with radiotherapy to the nasal cavity or paranasal sinuses. The side effects of radiotherapy usually come on gradually during your course of treatment. Over the weeks following your treatment they will slowly get better. Getting over a long course of



treatment completely can take quite a few months.

Generally, radiotherapy causes tiredness and sore, red skin in the area being treated. Your mouth and throat are likely to become increasingly sore, possibly with ulcers. If your mouth and throat are very sore, you may need strong painkillers.

As your course of radiotherapy goes on, you may have a lot of difficulty chewing and swallowing. You can have a liquid diet if you feel it would help. Many people find they need to take food through a tube into the stomach for a while, because swallowing gets too difficult.

Other possible side effects of radiotherapy to the nasal and sinus area are

- A dry mouth
- Eye problems
- Changes in your sense of taste and smell
- Changes in your hearing

There is more information about the side effects of radiotherapy to the head and neck in the 'radiotherapy' section of CancerHelp UK.

### What to ask your doctor about nasal and sinus cancer radiotherapy

- Why are you recommending radiotherapy for me?
- Do I need radiotherapy and chemotherapy together?
- Will I have treatment once a day or several times a day?
- Are there any other types of treatment I could have?

- How will the treatment help me?
- What are the likely side effects?
- Are the side effects for combined radiotherapy and chemotherapy any different?
- How can you and the nurses help me cope with the side effects?
- Is there anything I can do to help with side effects?
- Can any side effects be prevented?
- How long will they last?
- Will I need strong painkillers for my mouth and throat?
- Will I be able to eat and drink?
- Will you consider tube feeding for me?
- What types of tube feeding are there?
- Are there any long term or permanent effects of this type of radiotherapy?
- Will radiotherapy affect my sight?
- How often will I have to come to the hospital for treatment?
- Can I get help with fares to and from the hospital?
- Is there any transport available?
- Will I have to stay in hospital, and if so, for how long?
- Is there a number I can ring if I am worried about anything when at home?

### About chemotherapy for nasal and sinus cancer

Chemotherapy means treatment using anti cancer or 'cytotoxic' drugs.

#### Chemoradiation

You may have chemotherapy and radiotherapy at the same time. You may hear this called synchronous therapy or chemoradiation. Your specialist may suggest chemoradiation if you are not fit enough to have surgery. Or because your cancer has spread to other parts of your body. Chemoradiation can be quite tough treatment to get through. You will have



some tests to make sure you are fit enough for it. If not, you may still be able to have radiotherapy alone

### **Chemotherapy to shrink a large cancer**

If your cancer has not spread to other organs, but is too big to operate on, your doctor may suggest chemotherapy before surgery. The aim is to shrink your cancer so that it is possible to remove it. But this is not used commonly.

### **Chemotherapy to try and control a cancer that has come back**

You may have chemotherapy on its own if your cancer is advanced, or has come back after treatment with surgery or radiotherapy. This can help to relieve your symptoms and may slow the growth of your cancer.

For more information, look in the 'chemotherapy' section of CancerHelp UK.

### **The drugs used for nasal and sinus cancer**

It is most common to have two or more chemotherapy drugs together to treat cancer. You may hear this called combination chemotherapy. Many types of head and neck cancers can be treated with these common chemotherapy drugs

- Cisplatin
- 5 fluorouracil (5-FU)

Other drugs used less often include carboplatin, docetaxel (Taxotere), paclitaxel (Taxol) and gemcitabine (Gemzar).

You have these drugs through a drip into your arm, usually once every 3 or 4 weeks. Each 3 or 4 week period is known as one

cycle of treatment. You will probably have 3 or 4 cycles to begin with. If your treatment is working and you are not having too many side effects you will probably go on to have up to 6 cycles. So the complete chemotherapy course can take 6 months or more. Your own doctor will decide the exact number of treatments you have.

If you are having chemotherapy and radiotherapy at the same time (known as chemoradiation treatment), you are most likely to have the chemotherapy drug cisplatin on its own.

### **Side effects of chemotherapy for nasal and sinus cancer**

Drugs affect people in different ways. Not all patients have the same side effects with the same drug. Some people have very few side effects at all.

### **Common chemotherapy side effects**

Side effects that are common with many chemotherapy drugs include

- A fall in the number of blood cells, leaving you prone to infection
- Feeling sick
- Diarrhoea
- Sore mouth and mouth ulcers
- Hair loss or thinning
- Feeling tired and run down

Not all these side effects happen with every drug. Ask your doctor or nurse which side effects are most common with the chemotherapy drugs you will be having.

### **Side effects of chemoradiation**

Chemoradiation means having courses of radiotherapy and chemotherapy at the



same time. The side effects of this treatment are the same as for chemotherapy and radiotherapy on their own. But some are likely to be more severe.

In particular, you are likely to get a very sore mouth and throat. For some people, the mouth is so sore that they can't swallow. If this happens to you, you are likely to need a feeding tube. You will also have painkillers.

### What to ask your doctor about nasal and sinus cancer chemotherapy

- Why do you think I need to have chemotherapy?
- What will the chemotherapy do for me?
- How will I have the chemotherapy?
- Will I need a general anaesthetic?
- Will I need radiotherapy and chemotherapy together?
- Are the side effects for the combined treatment any different?
- What will the side effects be?
- How can you and the nurses help me cope with the side effects?
- Can any side effects be prevented?
- How long will the treatment last?
- How often will I have to come to the hospital?
- Is it possible to get help with fares or transport to and from the hospital?
- Is there anything I will have to do at home (for example change the chemotherapy bags in a pump)?
- What if I cannot manage?
- Are there any long term side effects of this treatment?
- Is there a clinical trial that is suitable for me?

### Biological therapy for nasal and sinus cancer

Biological therapy is treatment that changes the activity of substances made naturally in the body. These therapies can control or destroy cancer cells. The most common biological therapy used for nasal or paranasal sinus cancer is cetuximab.

Cetuximab (Erbix) blocks areas on the surface of cancer cells that can trigger growth. Cetuximab combined with radiotherapy is used for people with locally advanced nasal or paranasal sinus cancer if chemotherapy is not working or can't be used. Cetuximab is also sometimes combined with platinum based chemotherapy for people with squamous cell head and neck cancer that has come back or has spread.

Newer biological therapies are being used in clinical trials for nasal or paranasal sinus cancer. The therapies include gefitinib (Iressa), zalutumumab and everolimus.

### Possible side effects

The side effects will depend on which biological therapy you have but may include tiredness, diarrhoea, skin changes, a sore mouth, weakness, loss of appetite, low blood counts, and fluid build up in parts of the body.

### Follow up after nasal and sinus cancers

After your treatment has finished, your doctor will want you to have regular check ups. This is very important with head and neck cancers, to make sure that the cancer has not come back or that a new cancer has not developed.



Your doctor will probably examine you at each appointment. He or she will ask how you are feeling, and whether you have had any new symptoms or are worried about anything. If you do have any new symptoms, your doctor may suggest a scan. You may have regular blood tests and a yearly chest X-ray. You may also see a speech therapist or have regular eye check ups.

### How often will I have check ups?

At first, your check ups will be every 6 weeks or so. Assuming you stay well, they will gradually become less frequent. For squamous cell cancers you will see your specialist yearly for up to 10 years.

If you notice any new symptoms between appointments, let your doctor know as soon as possible. You don't have to wait until your next appointment.

### Worrying about check ups

Many people find their check ups quite worrying. They can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling. It is quite common nowadays for people to have counselling after cancer treatment. For more about counselling, look in the 'coping with cancer' section of CancerHelp UK.

## What to ask your doctor about treating nasal and sinus cancers

- What can you tell me about the stage of my cancer?
- What type of treatment do I need?
- If you are not sure about the stage, when will you know?
- How do you tell the stage of the cancer?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- What are the risks and benefits of the treatments?
- What are the side effects?
- How can I help to reduce the side effects?
- What pain control can you offer me?
- How often will I have to come to the hospital for treatment?
- Is there any transport available?
- Is it possible to have any help with the cost of fares to the hospital?
- How long will the treatment last?
- Can I have a second opinion?
- Are there any experimental treatments or trials that might help me?
- Is there a counsellor here I could talk things through with?
- How often will you see me when my treatment is finished?
- What will happen at my follow up appointments?
- What should I do if I am worried between appointments?



## Nasal and sinus cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

For nasal and paranasal sinus cancer, researchers are looking into radiotherapy, chemotherapy, biological therapy, and ways of reducing the side effects of treatment.

## Notes

### More information

For more information about nasal and paranasal sinus cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

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