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Oropharyngeal Cancer

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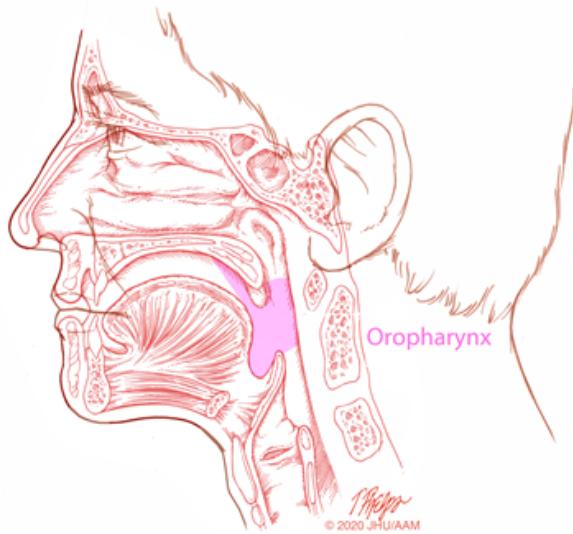
Featured Expert:

Carole Fakhry, M.D., M.P.H. (<https://www.hopkinsmedicine.org/profiles/details/carole-fakhry>)

What is oropharyngeal cancer?

The oropharynx consists of the structures in the back of the throat, including the base of the tongue, palatine tonsils, posterior pharyngeal wall and soft palate. There are many types of cancer of the oropharynx. The vast majority are squamous cell carcinomas, which can be divided into two types based on human papillomavirus (HPV) testing. HPV-related tumors are caused by HPV, the most common sexually transmitted infection in the United States. HPV-unrelated tumors are commonly caused by tobacco or alcohol. There are about 15,000 new cases of oropharyngeal cancer in the U.S. each year, and the vast majority are HPV-positive.

What are the symptoms of oropharyngeal cancer?



Often, oropharyngeal cancers are asymptomatic. Typically, the first sign is a lump in the neck. Other symptoms may include:

Neck mass

Difficulty or pain with swallowing

Muffled voice

Ear pain

Throat pain or sore throat

Lump or mass in the back of the throat

Johns Hopkins Head and Neck Cancer Surgery Specialists

Our head and neck surgeons and speech language pathologists take a proactive approach to cancer treatment. Meet the Johns Hopkins specialists who will work closely with you during your journey.

How is oropharyngeal cancer diagnosed?

Many patients with oropharyngeal cancer initially present with a neck mass. Any adult with a neck mass for more than two weeks should see an otolaryngologist-head and neck surgeon for an evaluation, which is a complete head and neck examination to determine if there is a tumor from which the cancer has migrated to the neck. This may include looking into the throat with a small scope that is passed through the nose to allow the physician to see if there are any suspicious masses.

Tumors of the oropharynx should be biopsied. For select tumors that are accessible in the clinic, biopsies can be performed with local anesthesia. For other tumors, biopsies are often performed in the operating room while the patient is asleep. This permits a thorough evaluation of the extent of the tumor and provides information to plan treatment in addition to diagnostic information. A fine needle aspiration biopsy, a procedure that places a small needle into the neck mass to extract cells, is performed with local anesthesia in a clinic. This allows a pathologist to evaluate the cells under a microscope to determine if the neck mass is cancerous and if it is related to HPV. A complete work-up involves imaging, which may include an MRI, CT scan or positron emission tomography (PET) scan.

Oropharyngeal cancer treatment

Treatment for oropharyngeal cancer depends on several factors, including but not limited to: type of cancer, size of the tumor and location of the cancer, lymph nodes, speech and swallow function, and the patient's overall medical condition.

Treatments include surgery (minimally invasive robotic surgery and neck dissection), radiation and chemotherapy. Radiation is sometimes needed after surgery. When surgery is not used to treat these tumors, typically a combination of radiation and chemotherapy is recommended. A multidisciplinary team helps provide an optimal plan for each patient.

Scientists are investigating treatment de-intensification strategies to reduce the toxicities of treatment while maintaining the survival outcomes. This may entail reduced radiation and/or chemotherapy or immunotherapy regimens.

Johns Hopkins Head and Neck Cancer Surgery

Johns Hopkins Head and Neck Cancer Surgery provides comprehensive surgical care and treatment for head and neck cancers. Our surgeons are at the leading edge of head and neck cancer treatment. You will benefit from the skilled care of head and neck surgeons, guiding clinical advancements in the field of head and neck cancer care.

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