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LETTER TO THE EDITOR

Nasopharyngeal carcinoma (NPC)—issues in the inclusion of cervical nodal region in radiation treatment volume

BILAL M QURESHI, MBBS, FCPS, AHMED N ABBASI, MBBS, FFRRCSI, NASIR ALI, MBBS, FCPS and ASIM HAFIZ, MBBS, FCPS

Section of Radiation Oncology, Department of Oncology, Aga Khan University, Karachi, Pakistan

Address correspondence to: Dr Bilal Mazhar Qureshi

E-mail: bilal.mazhar.qureshi@gmail.com

(The Editors do not hold themselves responsible for opinions expressed by correspondents)

To the Editor,

Nasopharyngeal carcinoma (NPC) is a common tumour of this part of the world and radiation treatment planning is always a challenging task. Our team has gone through the study by Li et al¹ with interest. We are in agreement with the authors with respect to the technique and specification of external beam radiation treatment offered to the patients mentioned in this study. We would like to raise our difference of opinion related to inclusion of nodal regions in intensity-modulated radiation therapy high dose volumes. In our practice, the distribution of nodal involvement varies from Level 1 to Level 5 in such an unpredictable manner that we intend to include all nodal regions in our Phase 2 volumes.² This fact is being observed in various other studies.³

We would like to request the authors to share with the readers of *British Journal of Radiology* their study data

pertaining to patterns of nodal failures with further stratification mentioning any possibility of a confounding variable playing any role in this pattern. It would be a useful information for the readers if the authors can share with us their experience of including Level Ib lymph node in initial volume and toxicity related to it.

Since we are using intensity-modulated radiation therapy as the basic planning modality in all radical NPC cases, we are not encountering any higher grade cutaneous adverse effects. At the moment, in our clinical practice, our team feels more comfortable in including all levels of cervical lymph nodal chains in the first phase of our volume. Nodal status in NPC is an independent prognostic factor; therefore, we are quite keen to know author views regarding balancing some added tolerable minimal iatrogenic side effects of radiation if we decide to carry on with our practice of inclusion of all nodal levels in our target volumes.⁴

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