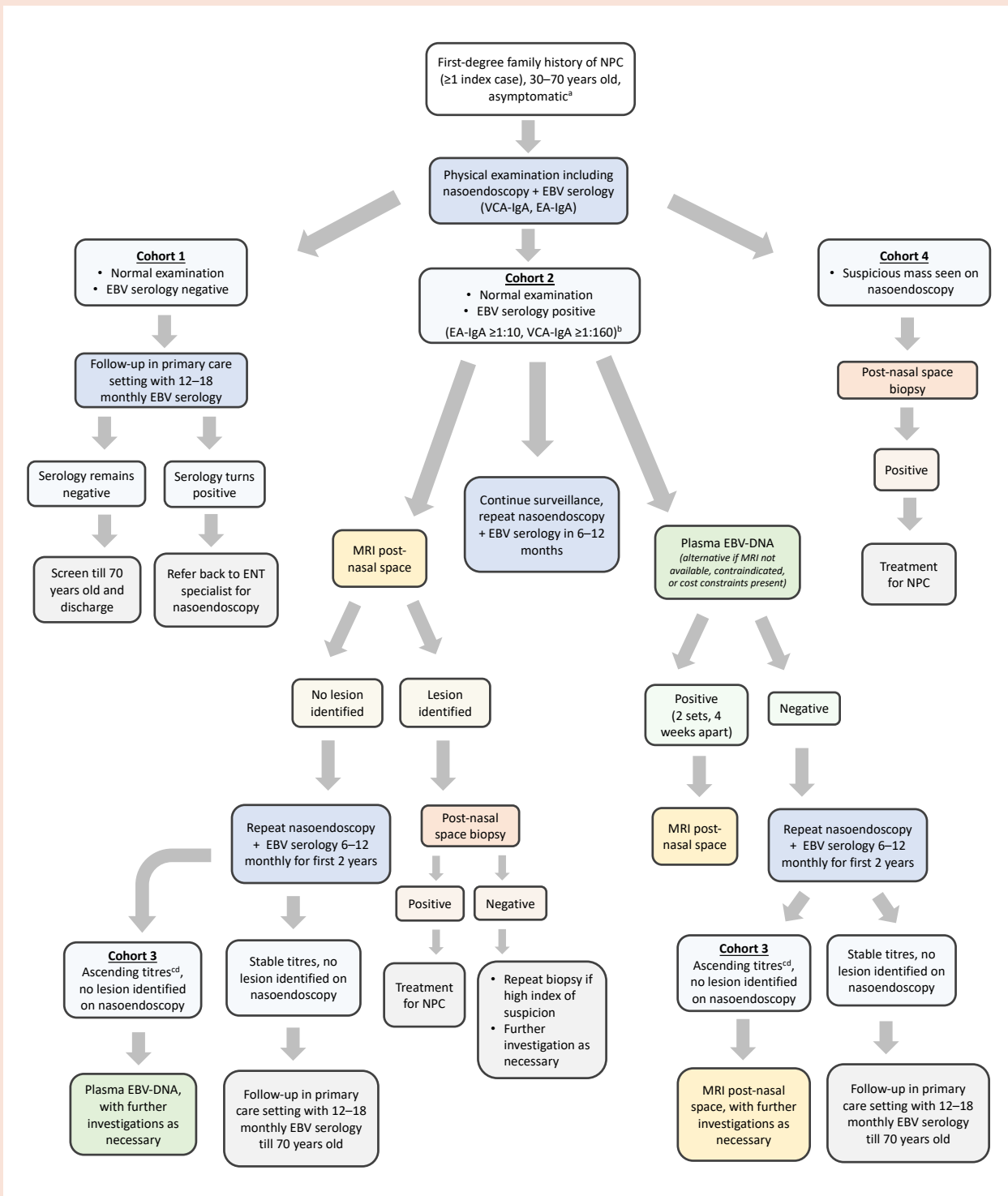


Fig. 1. Proposed screening algorithm for high-risk familial cohort in Singapore.



EA: early antigen; EBV: Epstein-Barr virus; ENT: otorhinolaryngologist; MRI: magnetic resonance imaging; NPC: nasopharyngeal carcinoma; VCA-IgA: viral capsid antigen

<sup>a</sup> Risk of NPC further increased in  $\geq 2$  affected first-degree relatives; Positive family history in sibling (especially in sister); Male; Middle age. To further encourage screening in these groups.

<sup>b</sup> Studies demonstrate the best test profile with highest sensitivity, specificity, PPV and NPV with EA-IgA  $\geq 1:10$  and VCA-IgA  $\geq 1:160$ .

<sup>c</sup> Ascending titres of VCA-IgA more significant than EA-IgA.

<sup>d</sup> If continually ascending titres with negative MRI PNS, consider non-NPC-related malignancy.