

# Treatment/Comparative Therapeutics

## Cancer of the Larynx and Hypopharynx



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### KEYWORDS

- Laryngeal cancer • Hypopharynx cancer • Head and neck cancer treatment
- Transoral laser microsurgery • Conservation surgery • Radiation

### KEY POINTS

- Multidisciplinary management, including surgery, radiation, and medical oncology, with speech and swallow therapy, is essential for optimal outcomes in laryngeal and hypopharyngeal cancers.
- Transoral surgical techniques provide equal or better oncologic and functional outcomes compared with open surgical techniques and definitive radiation for appropriate candidates.
- Multimodality therapy is essential to achieve control in advanced disease.
- Organ preservation protocols using concurrent chemoradiation result in similar oncologic outcomes while maintaining laryngeal preservation for select tumors compared with initial total laryngectomy.
- Long-term surveillance allows for early detection of second primary tumors and management of the sequelae of therapy.

### INTRODUCTION

A multidisciplinary approach to patients with squamous cell carcinoma of the larynx and hypopharynx is essential. These tumors and their treatment affect a patient's ability to communicate, swallow, and function in society. When managing patients with these diseases, the physician should be mindful of the importance of maintaining quality of life, in addition to the importance of a definitive cure. Long-term survivorship, a primary goal, should be balanced with the known sequelae of therapy.

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The authors have nothing to disclose.

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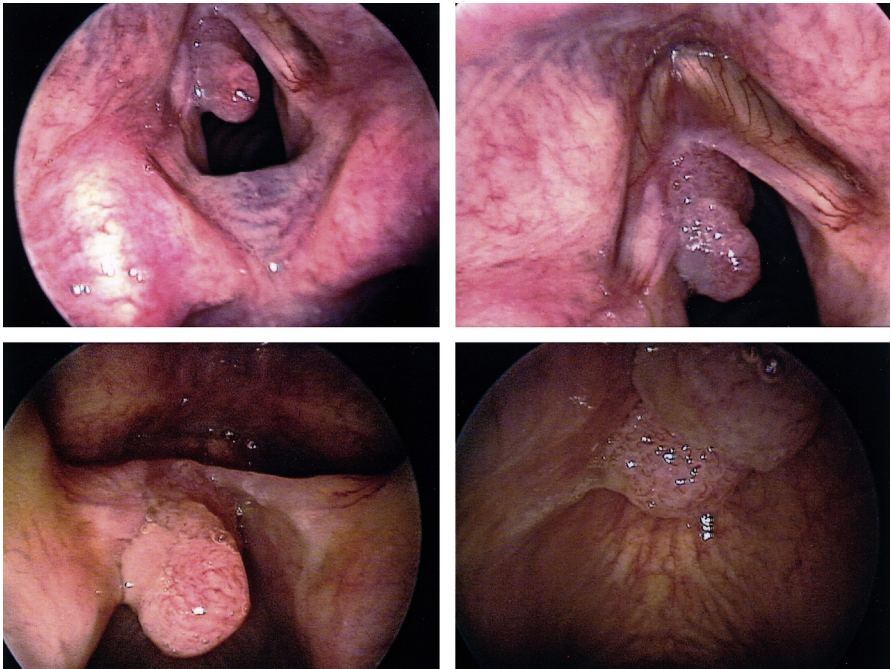
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### PATIENT EVALUATION OVERVIEW

A thorough pretreatment assessment is essential for a patient with potential laryngeal or hypopharyngeal cancer. Smoking and alcohol history should be elicited and addressed. Severe malnourishment should be addressed immediately with enteral feeding tube placement, because nutritional status affects treatment outcomes.<sup>1,2</sup> Physical examination should include inspection for second primary lesions, palpation and inspection of the neck, and flexible or indirect nasopharyngolaryngoscopy. Early tracheotomy may be needed for airway protection or management, and dental evaluation, with necessary dental work, should be performed before radiation.

Additional diagnostic tests are also important in the workup of patients with laryngopharyngeal cancers. Patients with limited early stage glottic cancers, without involvement of the anterior commissure, may be spared imaging, however. Hypopharyngeal, supraglottic, and subglottic tumors have a high risk of nodal disease or early local extension due to anatomic factors and therefore should undergo imaging of the neck with computed tomography (CT) with intravenous iodinated contrast or MRI in equivocal cases. PET-CT is useful for diseases of unknown primary, equivocal nodal disease, and advanced cases where distant or nodal metastases are suspected.<sup>3,4</sup> Laryngeal swallowing function and possible aspiration should be evaluated with a modified barium swallow study before initiation of treatment. For early stage laryngeal cancer without nodal disease, chest radiography is adequate to evaluate for second primary tumors. For hypopharynx cancer, chest CT or PET-CT may be necessary for a complete evaluation. Panendoscopy should be performed to assess the dimensions and extent of the lesion, to assess for second primary disease, and to perform a biopsy for pathologic analysis (**Fig. 1**).



**Fig. 1.** Endoscopic assessment of a T1a left glottic carcinoma and anterior glottic web with a 0°, 30°, 120°, and 70° telescope (clockwise from upper left).

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