

# Quality of Life After Conservation Surgery for Laryngeal Cancer



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## KEYWORDS

- Laryngeal cancer • Quality of life • Total laryngectomy • Partial laryngectomy
- Conservation laryngeal surgery • Organ preservation

## KEY POINTS

- Any treatment modality of laryngeal carcinoma can have effects on laryngeal function, and the impact of treatment on function has to be carefully weighed against its oncologic benefit.
- Quality of life (QOL) after treatment should be viewed as an independent outcome variable to be included in the management algorithm.
- Total laryngectomy (TL) is a radical procedure with significant QOL-related morbidity, and exploring alternative management possibilities has been the basis for the development of organ preservation strategies.
- Conservation laryngeal surgery has wide applications in the management of laryngeal cancer.
- Transoral laser microsurgery (TLM) and transcervical partial laryngectomy procedures offer significant QOL advantages when compared with total laryngectomy and should be considered as feasible treatment options in appropriately selected cases of early, advanced, and recurrent laryngeal cancer.

## OVERVIEW

Laryngeal cancer has a singular position as a life-threatening condition affecting a complex organ of utmost functional importance. The critical role of the larynx in the maintenance of such cardinal physiologic functions as phonation, regulation of respiratory airflow, and airway protection during deglutition invariably prompts crucial dilemmas when a malignant neoplasm affects this organ. Although TL is still viewed as the ablative procedure of reference, it remains a radical procedure with significant

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consequences on various qualitative measures of human performance and considerable rehabilitation requirements.

Nonsurgical treatment modalities gained importance in the era of organ preservation protocols but demonstrated their own shortcomings with long-term morbidity issues and added difficulty in the management of treatment failure. After timid beginnings fraught by harsh criticism, transoral microlaryngeal surgery rapidly gained popularity as an oncologically valid alternative to radiation therapy for early glottic lesions, relegating time-honored open partial laryngectomy approaches to a status of quasi-irrelevance given their higher morbidity. The latter are now undergoing a genuine revival as alternative means to either address advanced-stage disease or propose salvage management after radiation failure.

After placing the emphasis of management strategies on oncologic outcomes, and subsequently, on raw functional outcomes, QOL assessments have only recently become a focus of attention. QOL does not necessarily correlate with adequacy of objective functional parameters or with the elementary indicators of oncologic control, but in fact embodies a less-tangible amalgamation of both objective and subjective factors. The increasing complexity of the decision-making process in the management of laryngeal cancer only underscores the importance of an individualized approach, tailored to the patient's lesion, expectations, and overall health status.

### ***Importance of Quality of Life in the Management Algorithm***

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The treatment of any malignancy relies primarily on an oncologically validated model of disease control, with a particular emphasis on local control or regional control while focusing on prolonged survival as the ultimate goal. This paradigm was historically the basis to justify the most radical therapeutic approaches, often sacrificing some or all function—and frequently QOL—to increased survival. In addition, a once paternalistic perspective of the practice of medicine served to contribute to substituting patient autonomy with expert clinical judgment.

In more recent times, QOL as reported by the patient, regardless of correlation with clinical or objective parameters of health, is viewed as a factor of paramount importance. In a survey of otolaryngologists, Demez and Moreau<sup>1</sup> noted that most practitioners considered QOL, particularly relating to pain and breathing, to be at least as important as survival in the management of head and neck cancers, and that the physician's perception of patient QOL had an influence on the proposed choice of treatment. In another survey of healthy professionals faced with a hypothetical personal diagnosis of advanced laryngeal cancer, 20% of respondents declared they would opt for a treatment modality that would provide them with a preserved voice quality over one that would provide improved survival at the detriment of voice function.<sup>2</sup> These sporadic results may admittedly not be extrapolated into algorithms but reflect the importance of tailoring treatment strategies to each patient's particular situation.

## **RELEVANT PROBLEMS**

### ***Impact of Total Laryngectomy on Quality of Life***

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The decision to undergo a TL implies the creation of an irreversible diversion of the tracheal airway to a permanent cervical stoma, resulting in the inability to use the remaining upper airway structures (oral, nasal, and pharyngeal cavities) for respiratory exchanges. As a consequence, the laryngectomee also becomes dependent on routine stomal care measures and devices to prevent excessive bronchorrhea, airway obstruction, and pulmonary complications. An often-overlooked complaint that ensues is the loss of olfactory faculties.<sup>3</sup> Although this deficit can be addressed through

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