



ORIGINAL ARTICLE

Treatment of Advanced Laryngeal Cancer and Quality of Life. Systematic Review[☆]



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KEYWORDS

Laryngeal neoplasms;
Organ preservation;
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Quality of life

Abstract

Introduction and objectives: The objective was the comparison of the quality of life in patients with advanced laryngeal cancer treated with organ preservation versus surgical treatment.

Methods: We performed a systematic review in the databases MedLine, EMBASE, and PubMed (1991–2014) and Web of Science (2012–2014). The search terms were: Laryngeal cancer, organ preservation, chemotherapy, laryngectomy, treatment outcomes and quality of life. Systematic reviews, meta-analysis, reports of health technology assessment and comparative studies with control group, published in Spanish, French or English were included. The selection and quality assessment was made by two researchers. The criteria of the Cochrane Collaboration were used to assess the risk of bias and Scottish Intercollegiate Guidelines Network (SIGN) for the level of evidence.

Results: Of the 208 studies identified in the search, three were included a clinical trial and two observational studies, with a total of 211 patients. Quality and level of evidence was low. The results were contradictory, on occasion they favoured surgery, and on other occasions chemotherapy, but in general there were no statistical differences between the treatments. The studies were heterogeneous, with different methodology, undersized, limitations in quality with high risk of bias and use of different measurement scales.

Conclusions: There are not enough studies of quality to establish differences in the quality of life in patients with advanced laryngeal cancer according to the treatment received.

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PALABRAS CLAVE

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Laringectomía;
Supervivencia;
Calidad de vida

Tratamiento del cáncer de laringe avanzado y calidad de vida. Revisión sistemática**Resumen**

Introducción y objetivos: El objetivo fue comparar la calidad de vida de los pacientes con cáncer de laringe en estadio avanzado tratados con preservación de órgano respecto a aquellos tratados quirúrgicamente.

Métodos: Se realizó una revisión sistemática consultando MedLine, EMBASE, y PubMed (1991-2014) y *Web of Science* (2012-2014). Los términos de búsqueda fueron: cáncer de laringe, preservación de órgano, quimioterapia, laringectomía, resultados de tratamiento y calidad de vida. Se incluyeron revisiones sistemáticas, metaanálisis, informes de evaluación de tecnologías sanitarias y estudios comparativos con grupo control, publicados en idioma español, francés o inglés. La selección y evaluación de la calidad fue realizada por dos investigadores. Se usaron los criterios de la Colaboración Cochrane para evaluar el riesgo de sesgo y los del *Scottish Intercollegiate Guidelines Network* (SIGN) para el nivel de evidencia.

Resultados: De los 208 estudios identificados en la búsqueda se incluyeron tres: un ensayo clínico y dos estudios observacionales, con un total de 211 pacientes. Su calidad y nivel de evidencia fueron bajos. Los resultados fueron contradictorios, en algunas ocasiones favorables a la cirugía y en otras, a la combinación de radioterapia y quimioterapia, pero en general, sin diferencias significativas entre los tratamientos. Se trataba de estudios heterogéneos, con metodología diferente, tamaño insuficiente, limitaciones en su calidad, con importante riesgo de sesgo y utilización de escalas de medida distintas.

Conclusiones: Carecemos de estudios de calidad suficiente para establecer si la calidad de vida en los pacientes con cáncer de laringe en estadio avanzado es diferente en función del tratamiento recibido.

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Introduction

The current treatment of primary laryngeal cancer¹ in its advanced stages is based on the use of induction chemotherapy and radiotherapy. It shows no differences in survival in comparison with total laryngectomy followed by radiotherapy,² while concurrent chemotherapy and radiotherapy treatment is superior to sequential treatment or radiation therapy alone.³

In recent decades the combination of chemotherapy and radiotherapy has replaced laryngectomy in the treatment of advanced primary cancer of the larynx, making it possible to preserve the organ in a large proportion of patients. Although this strategy to preserve the organ is strongly consolidated, a debate has commenced^{1,4} about the possible relationship between the fall in the use of surgery and the reduction in the survival rate for cancer of the larynx in the United States⁵ and the absence of improvements in laryngeal cancer patient survival in the majority of European countries.⁶

The process of deciding between the alternative therapies is difficult, and it is influenced by patient survival as well as their quality of life. Although multiple studies have examined the differences in terms of survival, the difference in terms of quality of life are less well-known. This is so in spite of the fact that the treatment option may affect patient quality of life due to its possible affect on swallowing and perceived self-image, which affects their social relationships and participation in events that involve eating

in public.⁷ This is a challenge for healthcare professionals, as they are obliged to give sufficient information to help patients reach decisions on therapeutic alternatives, the risks of the same, prognosis and other effects which may affect their everyday life.

The aim of this work is to compare the quality of life of patients with advanced laryngeal cancer treated while preserving the organ (using chemotherapy and radiotherapy) in comparison with surgical treatment.

Methods

A systematic review was conducted of the literature following the recommendations of the PRISMA⁸ declaration, using an internal working protocol. The results were summarised in narrative form as it was impossible to combine the studies statistically due to the characteristics of their results and their heterogeneous nature.

Study Inclusion Criteria

Studies were included on patients with primary advanced stage squamous cell carcinoma of the larynx (stages III and IV of the American Joint Committee on Cancer) with a diagnosis confirmed by biopsy and previously untreated. They were then treated by chemotherapy and radiotherapy while preserving the organ, and the results were compared with those

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