The International Federation of Head and Neck Oncologic Societies

Current Concepts in Head and Neck Surgery and Oncology 2018

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Management of cancer of the larynx depends on

Tumor factors, patient factors, selection of an appropriate treatment for a particular tumor in a given patient and also on available expertise, resources, preferences and prejudices, keeping in mind the long term oncologic and functional outcome in a most cost effective and expeditious manner.
Cancer of the Larynx

Supraglottic

- Early symptoms subtle, often ignored
- Early invasion of adjacent structures
- Lack of intrinsic barriers to tumor spread
- Rich lymphatic drainage, usually bilateral
- Lymph node metastases common
Cancer of the Larynx

Glottic

• Early symptoms obvious
• Slowly growing tumor
• Histologically well differentiated tumor
• Paucity of lymphatic drainage
• Barriers to tumor spread
• Lymph node metastases are rare
The stage distribution of patients with supraglottic carcinoma

Stage I: 9%
Stage II: 21%
Stage III: 34%
Stage IV: 36%
The stage distribution of patients with glottic carcinoma

- Stage I: 53%
- Stage II: 22%
- Stage III: 23%
- Stage IV: 2%
What is Early Cancer of the Larynx

- Tumors confined to the larynx
- Tumors without structural or functional impairment
- No cartilage invasion
- No impairment of mobility
- Generally $T_1$ and $T_2$
Evaluation of Patients with Early Cancer of the Larynx

- Evaluation of the patient
- Evaluation of the tumor
- Selection from available choice of treatment methods
- Expectation of anticipated outcome
  - Oncologic
  - Functional
- Cost effectiveness
- Patient preference
- Provider preference
Early Cancer of the Larynx

Selection from available choice of treatment methods

- Endoscopic resection with or without laser
- Radiotherapy
- Open partial laryngectomy
- Total laryngectomy?
Carcinoma of the Supraglottic Larynx
Criteria for Selection of Treatment

T₁ – T₂ Lesions

SURGERY

- Patients with N₀ or N₁ disease
- Primary tumor with extension to base of tongue or hypopharynx
Carcinoma of the Supraglottic Larynx
Criteria for Selection of Treatment

$T_1 - T_2$ Lesions

RADIOTHERAPY

- Small primary lesions with $> N_1$ disease where neck dissection with post operative radiotherapy would be required
- Patients with poor pulmonary reserve
Carcinoma of the Glottic Larynx
Criteria for Selection of Treatment

SURGERY

- Endophytic lesions
- Lesions with significant subglottic or supraglottic extension
- Lesions of the anterior commissure
- Lesions with extension to the arytenoid

$T_1 - T_2$ Lesions
Carcinoma of the Glottic Larynx
Criteria for Selection of Treatment

T$_1$ – T$_2$ Lesions

RADIOTHERAPY

• Exophytic lesions
• Lesions without significant subglottic or supraglottic extension
• Lesions of true cord without anterior commissure or arytenoid extension
The overall five-year survival following treatment for each region of the larynx:

- Supraglottic: 51%
- Glottic: 81%
- Subglottic: 77%
The five-year disease-free survival of patients with supraglottic cancer by stage:

- Stage I: 84%
- Stage II: 83%
- Stage III: 73%
- Stage IV: 44%
The five-year disease-free survival of patients with glottic cancer by stage:

- Stage I: 90%
- Stage II: 85%
- Stage III: 75%
- Stage IV: 45%
Early Cancer of the Larynx

- Cost effectiveness
- Cost of treatment
- Length of treatment
- Loss of time from work due to treatment or morbidity
What is Advanced Cancer of the Larynx?

- Tumors that may be confined to the larynx or extend beyond the larynx
- Tumors that produce structural or functional impairment
- Cartilage invasion; impaired mobility or airway compromise
- Generally T₃ and T₄
Role of Surgery in Advanced Cancers of the Larynx

- Diagnosis and Staging
- Initial definitive treatment
- Salvage treatment
- Management of the neck
- Treatment of complications and/or sequelae of chemo/radiotherapy
- Treatment of dysfunctional larynx
- Miscellaneous
Thank You