

# Larynx Cancer

## INITIAL WORK-UP

Outside pathology material reviewed  
History:  
Chief Complaint  
History of present illness & previous treatment  
Past Medical History:  
- Medical Illnesses  
- Surgeries  
- Medication allergies  
- Family history  
- Social history (incl tobacco/alcohol use)  
- Medications  
- Review of systems  
- Previous XRT (H&N, Thoracic, Breast) (for previous primary or benign diagnosis)  
Physical Examination:  
Full head & neck exam  
Fiberoptic & videostroboscopy optional  
General medical examination  
Stage T & N (AJCC)  
Imaging studies:  
Glottic Cancer: CT scan for T<sub>3</sub>T<sub>4</sub> stage lesions, optional for T<sub>2</sub>  
Supraglottic Cancer: T<sub>2</sub>T<sub>3</sub>T<sub>4</sub>: CT or MRI H & N  
All stages: Barium swallow or Esophagoscopy for Dysphagia  
CXR

## CONSULTATIONS

Dental Oncology for dentulous patients with supraglottic cancer or advanced cancer of glottis if XRT will be used in the treatment  
EUA, Direct Laryngoscopy, Biopsy if not yet done  
Esophagoscopy if any dysphagia or hypopharynx involvement  
Radiation Oncology  
Medical Oncology for patients with T<sub>3</sub> or T<sub>4</sub> laryngeal cancer eligible for chemotherapy, radiotherapy conservation strategy protocols  
Speech Pathology for all patients who may have either laryngeal conservation surgery or total laryngectomy (for voice speech rehabilitation)  
All patients scheduled for conservation treatments should undergo video fluoroscopic recording as baseline study  
Plastic Surgery for patients who will require major reconstruction (pharyngeal reconstruction)  
Pre-operative Internal Medicine consult (\*see conditions in note below)  
Nutrition Consult follow patients having either laryngeal conservation or total laryngectomy  
Consider smoking cessation program  
Quality of life questionnaire - optional

### Conditions for Pre-Op Internal Medicine Consult:

- Hypertension
  1. Uncontrolled or newly diagnosed
  2. Poorly compliant patient
  3. Multi-drug regimen for control
- Cardiac Disease
  1. History of MI or angina

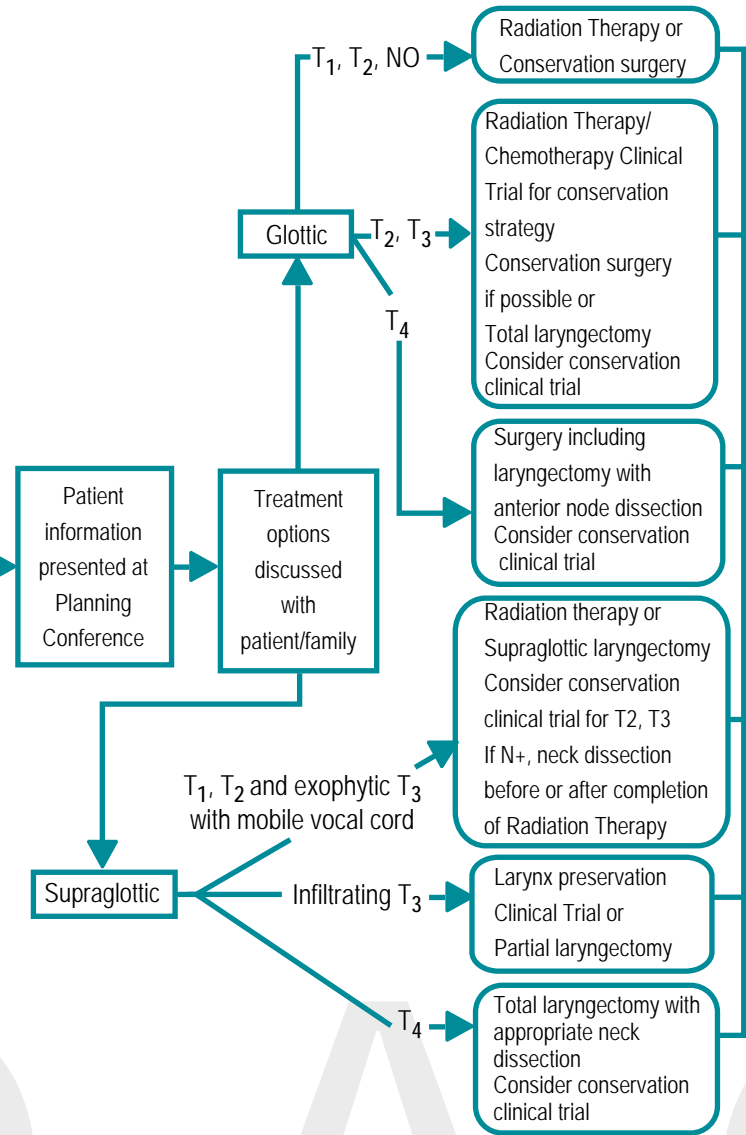
- 2. History of cardiac or vascular surgery
  - 3. Cardiac murmur or valvular heart disease
  - 4. CHF
- Pulmonary Disease
1. >=20 pack year smoking history

2. Moderate to severe COPD <2 flight exercise tolerance
3. Reactive airways disease
4. Previous lung resection
5. Multiple history of pneumonias
6. History of TB

- Cerebrovascular Disease
1. Previous CVA
  2. History of TIA
  3. Carotid bruit or known stenosis
- Hepatic Disease
1. History of cirrhosis

2. Laboratory of hepatic dysfunction
- Diabetes
1. Type I
  2. Type II

## INITIAL TREATMENT



## ADJUVANT THERAPY

Patients with advanced stage disease (T<sub>3</sub>, T<sub>4</sub>, N<sub>2</sub> or N<sub>3</sub>) should be considered for clinical trials on neo-adjuvant or adjuvant therapy.

Indications for adjuvant post-op XRT based on path report:  
- Close (<5mm) and/or microscopic positive margins  
- perineural involvement  
- tumor in lymphatic vessels  
- any positive lymph nodes with extracapsular extension  
- tumor in connective tissue  
- >2 positive lymph nodes  
- T<sub>4</sub> Pathology  
- Emergent trach  
- >1cm subglottic

Speech therapy rehabilitation  
Xervox larynx VS. primary or secondary tracheal-esophageal puncture VS. Buccoesophageal voice training

Medical Oncology (optional) for chemoprevention trials and patients with staged T<sub>1</sub>, T<sub>2</sub>, NO cancers

## FOLLOW-UP

H & N history and physical exam every 3mo for 1yr., every 4 mo for 1 yr., every 6 mo for 3 yr., then annually  
CXR annually  
Barium swallow (optional) annually  
TSH & Ca annually if radiated  
Liver function tests annually (optional)

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Physicians and nurses at The M. D. Anderson Cancer Center created this practice guideline.  
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