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 T3 T4 stage legions, optional for T2
- Supraglottic Cancer: T2 T3 T4: CT or CXR

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
Speech Pathology for all patients who may have either laryngeal conservation surgery or total laryngectomy (for voice speech rehabilitation)

Patient information presented at Planning Conference
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
Speech Pathology for all patients who may have either laryngeal conservation surgery or total laryngectomy (for voice speech rehabilitation)

Esophagogastric junction (GI) examination
Liver function tests annually (optional)

INITIAL TREATMENT

Radiation Therapy or Conservation surgery
Surgery including laryngectomy with anterior node dissection
Consider conservation clinical trial

Radiation therapy or Supraglottic laryngectomy
Consider conservation clinical trial for T2 T3
Larynx preservation Clinical Trial or Partial laryngectomy
Total laryngectomy with appropriate neck dissection
Consider conservation clinical trial

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
- T4 Pathology
- Emergent trach
- Cervical cord

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
Liver function tests annually (optional)

Speech therapy rehabilitation
(Reparative larynx VS. primary or secondary trachea,
Esophageal puncture VS. Buccoesophageal voice training)

Medical Oncology (optional) for chemoprevention trials and patients with staged T1 T2 NO cancers

Conditions for Pre-Op Internal Medicine Consult:
- Hypertension
  1. Uncontrolled or newly diagnosed
  2. Poorly compliant patient
  3. Multi-drug regimen for control
  4. History of MI or angina
- History of cardiac or vascular surgery
- Cardiac murmur or valvular heart disease
- CHF
- Pulmonary Disease
  1. >20 pack year smoking history
- <2 flight exercise tolerance
- Reactive airways disease
- Previous lung resection
- Multiple history of pneumonias
- 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