Comparison of Treatment Results and Functional Outcomes in Patients with Advanced Laryngeal and Hypopharyngeal Cancer

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ABSTRACT

INTRODUCTION

Objective: Over the past 50 years, the survival rates of head and neck cancer have risen and are currently peaking off. While the primary goal of therapy was to achieve local and regional control for patients with head and neck cancer, the traditional treatment has been total laryngectomy/pharyngectomy and post-operative radiation therapy. The use of chemoradiation has evolved, with the aim of improving local and regional control as well as survival. In this study, the treatment decision-making was based on the multidisciplinary tumor conference, placement of patients into chemoradiation trials, as well as independent patient factors such as health status, support, and location. This study was a retrospective review, thus treatment decision-making was based on the multidisciplinary tumor conference, placement of patients into chemoradiation trials, as well as independent patient factors such as health status, support, and location.

RESULTS

The study group was 77.4% male and 22.6% female. The mean age was 60.5 years; with 72.9% Caucasian, 17.4% African-American and 9.4% Hispanic. The study included 310 medical records, which were reviewed for demographic information and tumor specifics such as primary tumor, treatment, loco-regional recurrence, and distant metastasis. The feeding tube placement rates were higher for patients treated with chemoradiation than for patients treated with surgery alone. The mean age of patients treated with chemoradiation was 60.7 years, while the mean age of patients treated with surgery alone was 61.1 years. The local and regional control rates for both RT / CRT and surgical arms were comparable. For stage III / IV laryngeal and hypopharyngeal cancer, the traditional treatment has been total laryngectomy/pharyngectomy and post-operative radiation (RT). However, in the early 1990’s, multidisciplinary tumor conferences paved the way for validating chemoradiation therapy (CRT) as an effective treatment that could preserve the larynx without significant decrease in survival.

CONCLUSIONS

This study is a retrospective review of stage III / IV laryngeal and hypopharyngeal cancer patients. The study included 310 medical records, which were reviewed for demographic information and tumor specifics such as primary tumor, treatment, loco-regional recurrence, and distant metastasis. The feeding tube placement rates were higher for patients treated with chemoradiation than for patients treated with surgery alone. The mean age of patients treated with chemoradiation was 60.7 years, while the mean age of patients treated with surgery alone was 61.1 years. The local and regional control rates for both RT / CRT and surgical arms were comparable. For stage III / IV laryngeal and hypopharyngeal cancer, the traditional treatment has been total laryngectomy/pharyngectomy and post-operative radiation (RT). However, in the early 1990’s, multidisciplinary tumor conferences paved the way for validating chemoradiation therapy (CRT) as an effective treatment that could preserve the larynx without significant decrease in survival.