INTRODUCTION

The Veterans Affairs Laryngeal Cancer Study1 is one of the landmark studies in head and neck surgery. In this study, patients with advanced laryngeal cancer (Stage III or IV) were randomized to receive either concurrent chemoradiotherapy or primary laryngectomy followed by postoperative radiation. The results of this study have been influential in the treatment paradigm for laryngeal cancer and have been cited as evidence for organ preservation in the organ preservation group and its implication for counseling patients.

METHODS AND MATERIALS

We hope to re-examine the treatment of advanced laryngeal cancer to shed light on why survival is decreasing despite these treatment paradigms set forth by these studies. Limitations of the study: Highly selected population of patients

RESULTS

Kaplan-Meier survival analysis of the Chemo/RT Group at 2 year survival was 75.6% (95% CI) (64.9 to 96.3%) and at 5 years survival was 30.3% (95% CI) (7.2 to 53.4%). The survival for the Chemoradiation Group was 62.2% (95% CI) 43.6 to 80.5% at 2 years and 34% (95% CI) (7.3 to 54.4%) at 5 years. There was no statistically significant difference in overall survival between the surgery/RT vs. Chemo-radiation protocols. However chemo-radiation as an organ preserving technique does not ensure normal laryngeal function, particularly in patients who require tracheostomy or a PEG tube.

TREATMENT OF LARYNGEAL CANCER AT THE BROOKLYN VA

Marika A. Fraser MD; Elizabeth Floyd MD; Richard M. Rosenfeld MD, MPH; Krishnamurthi Sundaram MD; Michael Weiss MD

State University of New York Downstate Medical Center, Brooklyn NY

REFERENCES


CONTACT

Marika Fraser MD
SUNY Downstate Medical Center
Email: otofraser@gmail.com
Phone: 914 562 3651

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discussion

The overall survival for laryngeal cancer has been decreasing despite the current advances made in treatment protocols. Chemo-radiation as an organ sparing technique does not guarantee normal laryngeal function, especially if these patients require a tracheostomy or a PEG tube. There was no statistically significant difference in overall survival between the surgery/RT vs. Chemo-radiation group.