

Treating Laryngeal Cancer - A Quick Guide



Contents

This is a brief summary of the information on 'Treating laryngeal (voice box) cancer' from CancerHelp UK. You will find more detailed information on the website.

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Stages of cancer of the larynx

The stage of a cancer explains how far it has grown and whether it has spread. It is important because doctors take the stage into account when deciding on treatment.

There are different ways of staging cancers. The two main ways are the TNM system and number system.

TNM stages

TNM stands for Tumour, Node, and Metastasis. The system describes the size of a primary tumour (T), whether the lymph nodes have cancer cells in them (N), and whether the cancer has spread to a different part of the body (M). The TNM stages of laryngeal cancer are listed on CancerHelp UK.

Number stages of cancer of the larynx

There are four main stages in this system – stages 1 to 4. Some doctors also refer to stage 0. Stage 0 is the earliest stage and stage 4 the most advanced. The number stages of laryngeal cancer are listed on CancerHelp UK.

Grade

The grade of a cancer tells you how much the cancer cells look like normal cells under a microscope. There are 3 grades of laryngeal cancer. Grade 1 is called low grade, grade 2 is called intermediate and grade 3 is high grade. Generally, low grade cancers are usually slower to grow and less likely to spread than high grade cancers.



Statistics and outlook for cancer of the larynx

Outlook means your chances of getting better. Your doctor may call this your prognosis. With laryngeal cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage). The outlook also depends on where the cancer is in the larynx.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of laryngeal cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Treatments used for laryngeal cancer

You are most likely to have a team of medical professionals deciding together what they think are the best treatment options in your case. You may hear this called the MDT or multidisciplinary team. The team will discuss the pros and cons of the different options with you. For early stage cancers of the larynx, the outcomes of surgery and radiotherapy are very similar.

Radiotherapy

For small, early stage cancers of the larynx, you can have radiotherapy or surgery. Radiotherapy is the most common treatment. This will cure most people with small tumours of the larynx. For larger squamous cell cancers that can't be removed your doctor may recommend radiotherapy with biological therapy or chemotherapy.

Surgery

For larger tumours it is more usual to have surgery than radiotherapy. You may have your larynx partially or completely removed. If you have the whole larynx removed, you will not be able to speak normally afterwards. There are a number of ways to overcome this. You will also have at least some of the lymph nodes in the area removed.

Chemotherapy or biological therapy

Depending on the size of your tumour, you may have chemotherapy and radiotherapy at the same time. This is called chemoradiation. Chemotherapy may be used to shrink an advanced cancer before surgery or radiotherapy - this is called induction therapy. You may then have more chemotherapy and radiotherapy. For squamous cell cancers that have come back after treatment or have spread to other parts of the body you may have chemotherapy combined with biological therapy as part of clinical trials.

Treatment by stage for laryngeal cancer

Stage 0 - If the affected area is very small, your doctor may completely remove it



when a biopsy is taken. Or you may have laser treatment to kill off the affected cells. If the abnormal cells come back, you will need to have more tissue removed.

Stage 1 - You may have endoscopic laryngeal surgery or radiotherapy as your main treatment for stage 1 cancer of the larynx.

Stage 2 - You may have radiotherapy to treat stage 2 laryngeal cancer. Or you may have the option of endoscopic laser surgery or a partial laryngectomy. If the cancer is in the area below the vocal cords, then you may have a total laryngectomy with radiotherapy afterwards. Or your doctor may treat you with radiotherapy alone.

Stage 3 - Surgery to remove part of your larynx may be possible for stage 3 laryngeal cancer. But the most common treatment these days is a combination of radiotherapy and chemotherapy. And sometimes with a type of treatment called a biological therapy.

Stage 4 - It is usual to have a laryngectomy to remove the cancer and surrounding lymph nodes, followed by radiotherapy or a combination of chemotherapy with radiotherapy.

If your cancer comes back, your treatment depends on the treatment you had first time round. You may have surgery or radiotherapy, with or without chemotherapy or biological therapy.

Which surgery for cancer of the larynx?

Depending on the size and position of your cancer, you may have just the affected

tissues taken away. Or you may need to have part or all of your larynx removed. If the tumour in the larynx is very small, your doctor may destroy it using laser surgery. Or they may be able to remove the affected tissue using instruments that are passed through a tube put down your throat. This is called endoscopic resection.

Partial laryngectomy

In a partial laryngectomy you have part of your voice box (larynx) removed. You will still be able to speak. But your voice may be quite hoarse or weak.

Total laryngectomy

This means your surgeon removes the whole of your voice box. After it is removed, your surgeon attaches the end of your windpipe to a hole in your neck, which you will now breathe through. This is called a stoma.

Without your vocal cords and with a stoma, you won't be able to speak in the normal way. Before your operation a speech therapist will discuss with you the different ways of communicating after surgery.

Below are diagrams of the position of the larynx before a laryngectomy and the position of a stoma after a laryngectomy.

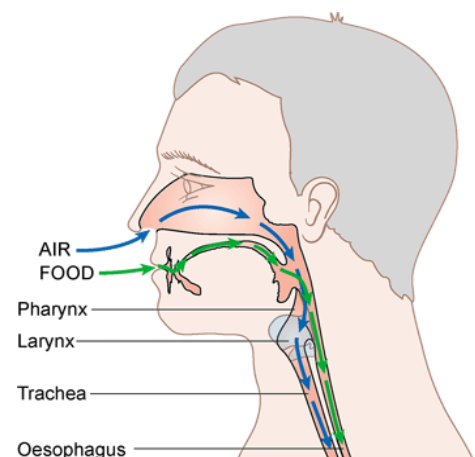
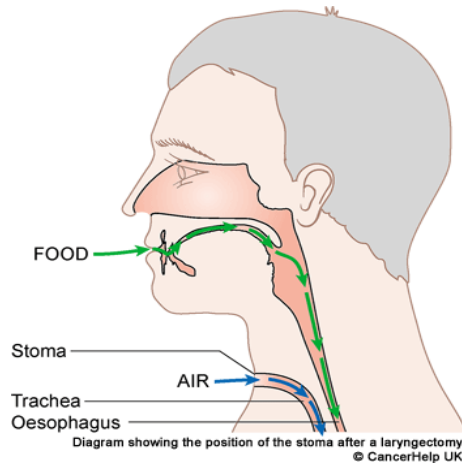


Diagram showing the position of the larynx
© CancerHelp UK



Neck dissection

A neck dissection is surgery to remove lymph nodes in one or both sides of the neck. This might be a big operation, depending on how many nodes need removing. But it reduces the chance of the cancer coming back.

Having your laryngeal cancer operation

Before your operation, your surgeon, anaesthetist, physiotherapist, speech therapist, nurse and dietician will come to talk to you. Your surgeon will explain the operation and tell you what to expect when you come round. Your speech therapist will talk to you about how you will communicate and swallow after the operation.

After your operation

When you wake up, you will have several different tubes in place. These may include a breathing tube in your neck. The hole in your neck is called a stoma. It may be temporary. But if you have had your whole larynx removed, it will be permanent. You will have a bell so you can call for help and

a pen and paper to write down anything you want to say.

Painkillers

You will almost certainly have some pain at first. Tell your doctor or nurse as soon as you feel any pain, so they can find the right type and dose of painkiller for you.

Eating and drinking

You won't be able to eat or drink for at least 7 to 10 days. You will have fluids through your drip, and liquid food through a tube.

You will have been through a lot. There will probably be times when you feel very down. Try to be patient with yourself while you recover. You will need a lot of support from your doctors, nurses, family and friends.

What to ask your doctor about laryngeal cancer surgery

- Why do I need an operation?
- Which type of operation should I have and why?
- Will the operation cure my cancer?
- What are the risks and benefits of having this operation?
- What are the long term effects of this operation?
- Will I have pain after this operation?
- How will I breathe after my operation?
- How long will I have a drip after surgery?
- Will I have a feeding tube into my stomach?
- When will I be able to start eating again?
- Will I be able to eat and drink normally after this operation?



- Who will advise me about my diet after the operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?

Radiotherapy for cancer of the larynx

Radiotherapy uses high energy rays to kill cancer cells. You can't feel radiotherapy at all while you are having treatment. It is like having an X-ray.

Radiotherapy alone

Radiotherapy is often the first choice of treatment for cancer of the larynx. Most people who have early stage laryngeal cancer will be cured with this treatment. Your doctors will suggest radiotherapy rather than surgery if possible, because radiotherapy treatment helps you to keep your voice. You usually have treatment daily from Monday to Friday over 3 to 7 weeks.

Radiotherapy after surgery

Your doctors may suggest radiotherapy after surgery as it can help to stop your cancer from coming back. You usually have treatment daily, for 4 to 6 weeks.

Radiotherapy with chemotherapy or biological therapy

You may have radiotherapy and chemotherapy or biological therapy at the same time for a locally advanced larynx

cancer. The chemotherapy or biological therapy can help to shrink or control the cancer for some people.

Radiotherapy to relieve symptoms

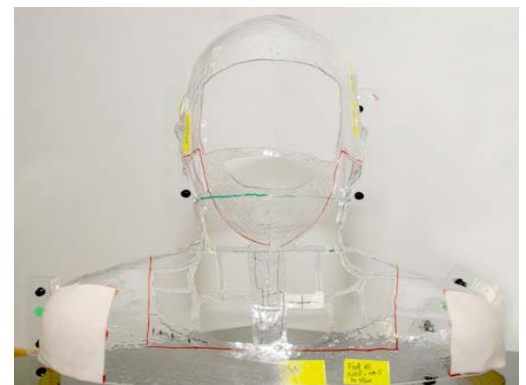
You may hear this called palliative radiotherapy. Your cancer may be causing difficulty in swallowing or breathing. Radiotherapy can shrink the cancer for a time and relieve these symptoms. It can also help to relieve pain. To control symptoms, you are most likely to have a short course of a few treatments, over a few days.

Having your laryngeal cancer radiotherapy

You go to the hospital for radiotherapy once a day, from Monday to Friday, with a break at weekends. The length of the course of treatment varies, depending on the type and size of the cancer and on the aim of the treatment.

Radiotherapy masks

You will probably need to wear a treatment mask. This keeps your head and neck very still during, to make sure the radiation only goes to the exact area that needs treating. The mask fits over your lower jaw and



neck. The radiographer attaches it to the radiotherapy couch each time you have



treatment. You have your mask made during your first planning appointment.

What are the side effects?

Most people have some side effects. They usually come on gradually during your course of treatment. Over the 2 to 3 weeks following your treatment they will slowly get better. It may take up to 6 weeks before the soreness has completely gone, or longer if you had chemotherapy as well.

Generally, radiotherapy causes tiredness and sore, red skin in the area being treated. Radiotherapy to the neck can cause a sore throat, pain on swallowing, a dry mouth, and a hoarse voice.

If your throat is very sore you may need strong painkillers, such as morphine. You can have a liquid diet if you need to. Tell the radiotherapy staff about any problems you have.

Your voice will probably get more hoarse as you go through your treatment. It may go altogether. It will come back, but may sound different to you afterwards.

What to ask your doctor about laryngeal cancer radiotherapy

- Why are you recommending radiotherapy for me?
- Are there any other types of treatment I could have?
- How will the treatment help me?
- What are the likely side effects?
- How long will they last?
- Is there anything I can do to help with side effects?
- Are there any long term or permanent effects?

- How often will I have to come to the hospital for treatment?
- Can I get help with fares to and from the hospital?
- Is any transport available?
- Will I have to stay in hospital and if so, for how long?
- Is there a number I can ring if I am worried about anything when I am at home?

Chemotherapy for cancer of the larynx

Chemotherapy means anti cancer drugs. These destroy cancer cells.

Chemoradiation

You may have radiotherapy and chemotherapy at the same time if you have a locally advanced tumour. You may hear this called synchronous therapy or chemoradiation. You may go on to have surgery after this. But some people do not need any surgery as they have no sign of cancer afterwards. Your doctor may suggest chemoradiation to try and cure your cancer instead of having your larynx removed. With chemoradiation there is a chance you will still be able to speak afterwards.

Chemotherapy before surgery

If you have an advanced cancer that has not spread to another organ, but can't be removed with surgery, you may have chemotherapy. This is to try to shrink the cancer so it can then be operated on.

Chemotherapy for advanced cancer

Chemotherapy is sometimes used to treat cancer of the larynx that is advanced or has come back after treatment with radiotherapy. Chemotherapy can relieve symptoms and may slow the growth of



your cancer. Your doctor may call this palliative chemotherapy. This means it aims to control symptoms.

For more information, look in the main chemotherapy section of CancerHelp UK.

Laryngeal cancer drugs and side effects

It is most common to have 2 or more chemotherapy drugs together to treat cancer. You have most of these drugs through a drip (intravenous infusion) into your arm.

You usually have chemotherapy as a course of 6 treatments. Each treatment is followed by a rest period of about 3 or 4 weeks. Each complete treatment and rest period is called a cycle. The complete course can take 6 months or more.

Side effects

Not everyone has the same side effects with the same drug. Some people have very few side effects. These side effects are common with many chemotherapy drugs

- A fall in the number of blood cells, leaving you prone to infections
- Feeling sick
- Diarrhoea
- A sore mouth and mouth ulcers
- Hair loss or thinning
- Numbness and tingling in fingers and toes
- Feeling tired and run down

Chemoradiation means having courses of radiotherapy and chemotherapy at the same time. The side effects are the same as for each individual treatment. But some effects are likely to be more severe.

What to ask your doctor about laryngeal cancer chemotherapy

- Why do you think I need to have chemotherapy?
- What will the chemotherapy do for me?
- How will the chemotherapy be given to me?
- Will the chemotherapy be combined with radiotherapy?
- What will the side effects be?
- How long will the treatment last?
- How often will I have to come to the hospital?
- Is it possible to get help with fares or transport to and from the hospital?
- Is there anything I will have to do at home (for example change the chemotherapy bags in a pump)?
- What if I cannot manage?
- Are there any long term effects of this treatment?
- Is there a clinical trial that is suitable for me?

Biological therapy for cancer of the larynx

Biological therapy is treatment that changes the activity of substances made naturally in the body. These therapies can control or destroy cancer cells. The most common biological therapy used for cancer of the voicebox (laryngeal cancer) is cetuximab.

Biological therapies used for laryngeal cancer

Cetuximab (Erbix) blocks areas on the surface of cancer cells that can trigger growth. Cetuximab combined with radiotherapy is used for people with locally advanced laryngeal cancer if chemotherapy is not working or can't be used.



Newer biological therapies are being used in clinical trials for laryngeal cancer. The therapies include gefitinib (Iressa), zalutumumab and everolimus.

Possible side effects

The side effects will depend on which biological therapy you have but may include tiredness, diarrhoea, skin changes, a sore mouth, weakness, loss of appetite, low blood counts, and fluid build up in parts of the body.

Follow up for laryngeal cancer

After your treatment has finished, your doctor will want you to have regular check ups. To start with, these are to make sure you are recovering from your treatment. Later on, your doctor will be looking for signs of long term side effects from your treatment, and checking for any sign that the cancer has come back. You may need to come back to hospital to see the speech therapist if you have had your voice box removed.

Having your check ups

Your specialist will examine you at each appointment. You may have an examination with a flexible nasoendoscopy. You will usually only have other tests if there is a concern about your health. Your doctor will ask how you are feeling, and whether you have had any new symptoms or are worried about anything.

At first, your check ups will be every few weeks. If you stay well, they will gradually become less and less frequent. If you are worried or notice any new symptoms between appointments, let your doctor know. You don't have to wait until your next appointment.

Many people find their check ups quite worrying. They can bring back all the worry about your cancer. You may find it helpful to tell someone close to you how you are feeling. It is quite common nowadays for people to have counselling after cancer treatment. Look in the coping with cancer section of CancerHelp UK for more information about counselling.

Laryngeal cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is research into chemotherapy, radiotherapy and biological therapies.

What to ask your doctor on treating laryngeal cancer

- What stage is my cancer?
- What can you tell me about the stage of my cancer?
- How do you tell the stage of the cancer?
- How likely is it that my cancer will come back after treatment?
- How likely is it that my cancer will have spread?
- What type of treatment do I need?
- Is there written information you can give me about these treatments?
- How often will I have to come to hospital for treatment?
- Is there any transport available?



- Is it possible to have help with travel costs?
- Can you arrange a second opinion for me?
- Are there any experimental treatments that might help?
- Is there any research going on in to cancer of the larynx?
- How often will I have to come for follow up appointments?
- What should I do if I am worried between appointments?
- Is there a counsellor I could talk things through with?

More information

For more information about laryngeal cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040**
9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2012. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).