

Home > Types of Cancer > Laryngeal and Hypopharyngeal Cancer > Laryngeal and Hypopharyngeal Cancer - Stages and Grades

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Laryngeal and Hypopharyngeal Cancer - Stages and Grades

[1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board \[2\]](#), 04/2014

ON THIS PAGE: You will learn about how doctors describe a cancer's growth or spread. This is called the stage. To see other pages, use the menu on the side of your screen.

Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors use diagnostic tests to find out the cancer's stage, so staging may not be complete until all of the tests are finished. Knowing the stage helps the doctor to decide what kind of treatment is best and can help predict a patient's prognosis, which is the chance of recovery. There are different stage descriptions for different types of cancer.

One tool that doctors use to describe the stage is the TNM system. TNM is an abbreviation for tumor (T), node (N), and metastasis (M). Doctors look at these three factors to determine the stage of cancer:

- How large is the primary tumor and where is it located? (**Tumor, T**)
- Has the tumor spread to the lymph nodes? (**Node, N**)
- Has the cancer metastasized to other parts of the body? (**Metastasis, M**)

The results are combined to determine the stage of cancer for each person. There are five stages: stage 0 (zero) and stages I through IV (one through four). The stage provides a common way of describing the cancer, so doctors can work together to plan the best treatments.

Here are more details on each part of the TNM system for both laryngeal cancer and hypopharyngeal cancer.

Tumor. Using the TNM system, the "T" plus a letter or number (0 to 4) is used to describe the size and location of the tumor. Some stages are also divided into smaller groups that help describe the tumor in even more detail. Specific tumor stage information is listed below and has been divided into an outline of tumors of the larynx and tumors of the hypopharynx.

Tumors of the larynx

TX: The primary tumor cannot be evaluated.

T0: No evidence of a tumor is found.

Tis: This is a stage called carcinoma (cancer) in situ. It is a very early cancer where cancer cells are found only in one layer of tissue.

When describing T1 to T4 tumors, doctors divide the larynx into three regions: the glottis, the supraglottis, and the subglottis (see the [Overview \[3\]](#) section).

Glottis tumor of the larynx

T1: The tumor is limited to the vocal folds, but it does not affect the movement of the folds.

T1a: The tumor is only in the right or left vocal fold.

T1b: The tumor is in both vocal folds.

T2: The tumor has spread to the supraglottis and/or the subglottis. T2 also describes a tumor that affects the movement of the vocal fold, without paralyzing the fold.

T3: The tumor is limited to the larynx and paralyzes at least one of the vocal folds.

T4a: The tumor has spread to the thyroid cartilage and/or the tissue beyond the larynx.

T4b: The tumor has spread to the area in front of the spine (prevertebral space), chest area, or encases the arteries.

Supraglottis tumor of the larynx

T1: The tumor is located in a single area above the vocal folds that does not affect the movement of the vocal folds.

T2: The tumor started in the supraglottis but has spread to the mucous membranes that line other areas, such as the base of the tongue.

T3: The tumor is limited to the larynx with vocal fold involvement and/or has spread to surrounding tissue.

T4a: The tumor has spread through the thyroid cartilage and/or the tissue beyond the larynx.

T4b: The tumor has spread to the area in front of the spine (prevertebral space), chest area, or encases the arteries.

Subglottis tumor of the larynx

T1: The tumor is limited to the subglottis.

T2: The tumor has spread to the vocal folds and may or may not affect the movement of the folds.

T3: The tumor is limited to the larynx and affects the vocal folds.

T4a: The tumor has spread to the cricoids, the ring-shaped cartilage near the bottom of the larynx, or thyroid cartilage and/or the tissue beyond the larynx.

T4b: The tumor has spread to the area in front of the spine, chest area, or encases the arteries.

Tumors of the hypopharynx

T1: The tumor is small, no larger than 2 centimeters (cm), and is limited to a single site in the lower throat.

T2: The tumor involves more than one site in the lower throat, but does not touch the voice box, or the tumor measures between 2 cm and 4 cm.

T3: The tumor is larger than 4 cm or has spread to the larynx.

T4a: The tumor has spread into nearby structures, such as the thyroid, the arteries that carry blood to the brain, or the esophagus.

T4b: The tumor has spread to the prevertebral fascia (space in front of the spinal cord), encases the arteries, or involves mediastinal (chest-area) structures.

Node (for both larynx and hypopharynx). The ?N? in the TNM staging system stands for lymph nodes, the tiny, bean-shaped organs that help fight infection. Lymph nodes near the head and neck are called regional lymph nodes. Lymph nodes in other parts of the body are called distant lymph nodes. Since there are many nodes in the head and neck area, careful assessment of lymph nodes is an important part of staging.

NX: The regional lymph nodes cannot be evaluated.

N0: There is no evidence of cancer in the regional nodes.

N1: The cancer has spread to a single node on the same side as the primary tumor, and the cancer found in the node is 3 cm or smaller.

N2: Describes any of the following conditions:

N2a: The cancer has spread to a single lymph node on the same side as the primary tumor and is larger than 3 cm, but not larger than 6 cm.

N2b: The cancer has spread to more than one lymph node on the same side as the primary tumor, and none measure larger than 6 cm.

N2c: The cancer has spread to more than one lymph node on either side of the body, and none measure larger than 6 cm.

N3: The cancer found in the lymph nodes is larger than 6 cm.

Distant metastasis (for both larynx and hypopharynx). The "M" in the TNM system indicates whether the cancer has spread to other parts of the body.

MX: Distant metastasis cannot be evaluated.

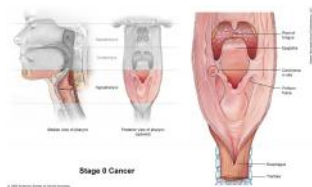
M0: The cancer has not spread to other parts of the body.

M1: The cancer has spread to other parts of the body.

Cancer stage grouping

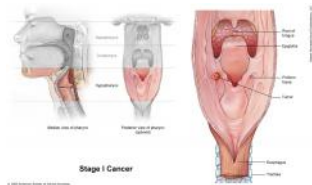
Doctors assign the stage of the laryngeal or hypopharyngeal cancer by combining the T, N, and M classifications.

Stage 0: This stage describes a carcinoma in situ (Tis) with no spread to lymph nodes (N0) or distant metastasis (M0).



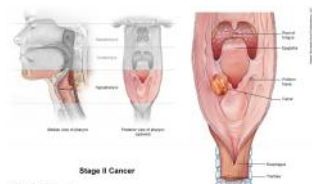
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Stage I: This stage describes a small tumor (T1) with no spread to lymph nodes (N0) or distant metastasis (M0).



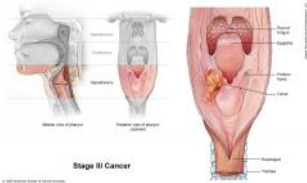
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Stage II: This stage describes a tumor that has spread to some nearby areas (T2) but has not spread to lymph nodes (N0) or to distant parts of the body (M0).



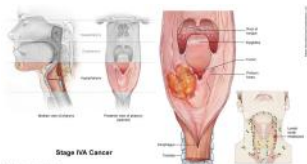
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Stage III: This stage describes any larger tumor (T3) with no spread to regional lymph nodes (N0) or metastasis (M0), or a smaller tumor (T1, T2) that has spread to regional lymph nodes (N1) but has no sign of distant metastasis (M0).



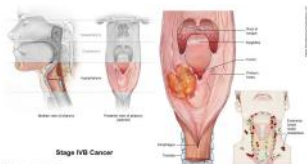
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Stage IVA: This stage describes any invasive tumor (T4a) that either has no lymph node involvement (N0) or that only has spread to a single same-sided lymph node (N1), but without distant metastasis (M0). It is also used to describe any tumor (any T) with more significant spread to the lymph nodes (N2) but no distant metastasis (M0).



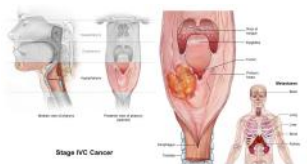
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Stage IVB: This stage describes any cancer (any T) with extensive spread to lymph nodes (N3) but no distant metastasis (M0). For laryngeal cancer, it is also used for a very advanced localized tumor (T4b), with or without lymph node involvement (any N), but no distant metastasis (M0).



[Larger image](#)

Stage IVC: This stage indicates there is evidence of distant spread (any T, any N, M1).



[Larger image](#)

Recurrent: Recurrent cancer is cancer that has come back after treatment. If there is a recurrence, the cancer may need to be staged again (called re-staging) using the system above.

Grade

Doctors also describe these types of cancer by their grade (G), which describes how much cancer cells look like healthy cells when viewed under a microscope. The doctor compares the cancerous tissue with healthy tissue. Healthy tissue usually contains many different types of cells grouped together. If the cancer looks similar to healthy tissue and contains different cell groupings, it is called differentiated or a low-grade tumor. If the cancerous tissue looks very different from healthy tissue, it is called poorly differentiated or a high-grade tumor. The cancer's grade can help the doctor predict how quickly the cancer will spread. In general, the lower the tumor's grade, the better the prognosis.

GX: The grade cannot be evaluated.

G1: The cells look more like normal tissue (well differentiated).

G2: The cells are only moderately differentiated.

G3: The cells don't resemble normal tissue (poorly differentiated).

Used with permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer-Verlag New York, www.cancerstaging.net [4].

Information about the cancer's stage and grade will help the doctor recommend a treatment plan. The next section helps explain the treatment options for these types of cancer. Use the menu on the side of your screen to select Treatment Options, or you can select another section, to continue reading this guide.

Links:

[1] <http://www.cancer.net/cancer-types/laryngeal-and-hypopharyngeal-cancer/stages-and-grades>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/cancer-types/laryngeal-and-hypopharyngeal-cancer>

[4] <http://www.cancerstaging.net/>