Laryngeal and Hypopharyngeal Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with these types of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for these specific types of cancers. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [3] and Latest Research [4] sections.

Treatment overview

Laryngeal and hypopharyngeal cancer can often be successfully eliminated, especially if they are found early. Although eliminating the cancer is the primary goal of treatment, preserving the function of the affected organs is also very important. When doctors plan treatment, they consider how treatment might affect a person?s quality of life, including how a person feels, looks, talks, eats, and breathes. Cancers of the larynx and hypopharynx and their treatments can have a significant impact on these functions, so decisions should be made carefully.

In cancer care, different types of doctors and other specialists often work together to create a patient?s overall treatment plan that combines different types of treatments. This is called a multidisciplinary team [5]. An evaluation should be done by each specialist before any treatment begins. The team may include medical and radiation oncologists, surgeons, otolaryngologists (ear, nose, and throat doctors), maxillofacial prosthodontists (specialists who perform restorative surgery to the head and neck areas), dentists, physical therapists, speech pathologists, audiologists, psychiatrists, dietitians, nurses, physician assistants, and social workers. Diagnostic radiologists and pathologists also are an integral part of the treatment team because they assist with diagnosis and staging.

There are three main treatment options for laryngeal and hypopharyngeal cancer: surgery, radiation therapy, and chemotherapy. One or a combination of these therapies may be used to treat the cancer. Surgery and radiation therapy are the most common forms of treatment for both laryngeal and hypopharyngeal cancer. Chemotherapy may be used in combination with radiation therapy to increase the chance of destroying cancer cells.

Descriptions of these common treatment options are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient?s preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about making treatment decisions [6].

Surgery

During surgery, a surgical oncologist, a doctor who specializes in treating cancer using surgery, removes the cancerous tumor and some of the healthy tissue around it, called a margin. The goal of surgery is to remove the entire tumor and leave negative margins. Having negative margins mean that there is no trace of cancer in the healthy tissue around the tumor that was removed during the operation. Sometimes it is not possible to completely remove the cancer. In these cases, other treatments will be recommended.

The most common surgical procedures used to treat laryngeal or hypopharyngeal cancer include:

Partial laryngectomy. This is the removal of part of the larynx, which helps preserve the voice. The following are some of the different types of partial laryngectomies:

- Supraglottic laryngectomy: During this procedure, the surgeon removes the area above the vocal folds. If part of the hypopharynx is removed along with the cancer, this procedure is called a partial pharyngectomy.
- Cordectomy: The removal of a vocal fold
- Vertical hemilaryngectomy: The removal of one side of the larynx
- Supracricoid partial laryngectomy: The removal of the vocal folds and the area surrounding them

Total laryngectomy. This procedure removes the entire larynx. During the operation, a hole called a stoma is made in the front of the neck through the windpipe to allow the person to breathe. This is called a tracheostomy (see below). Because the vocal folds have been removed, people can no longer speak using their vocal folds after a total laryngectomy. However, a speech pathologist can teach people to speak in a different way after the surgery.

Laryngopharyngectomy. A laryngopharyngectomy is the removal of the entire larynx, including the vocal folds and part or all of the pharynx. After this surgery, doctors must reconstruct the pharynx using flaps of skin from the forearm, other parts of the body, or a segment of the intestine. Like a total laryngectomy, people can no longer speak using the vocal folds after laryngopharyngectomy, and they may also have difficulty swallowing. However, speech

pathologists can help people learn to speak and swallow afterwards.

Tracheostomy. In both partial and total laryngectomies, the surgeon makes a hole called a stoma in the front of the neck into the windpipe or trachea. A tube is often inserted to keep the hole open. Air enters and leaves the windpipe (trachea) and lungs through the stoma, allowing the person to breathe.

For people who have a partial laryngectomy, the stoma is usually temporary. After recovery from the partial laryngectomy, the tube is removed, the hole heals shut, and the person can then breathe and talk in the same way as before the surgery. In some cases, the voice may be hoarse or weak.

For people who have a total laryngectomy, the stoma is permanent. The person will continue to breathe through the stoma and must learn to speak in a new way.

Neck dissection. If the cancer has spread to the lymph nodes in the neck some of these lymph nodes may need to be surgically removed. This is called a neck dissection. There are several types of neck dissections, such as a partial neck dissection, modified neck dissection, or selective neck dissection. Depending on the stage and location of the cancer, some or all the lymph nodes in the neck may have to be removed. A patient may have varying degrees of stiffness in the shoulder and the neck and loss of sensation in the neck after this type of surgery.

Laser surgery. Laser surgery uses a beam of light to remove a small tumor in the larynx or perform a partial laryngectomy. This tool is a relatively new treatment approach that is not yet widely used. It should only be performed by an experienced doctor.

Reconstruction (plastic surgery). This type of operation is aimed at restoring a person?s appearance and function of the affected area. For example, if the surgery requires major tissue removal, reconstructive or plastic surgery may be done to replace the missing tissue.

In general, surgery often causes swelling of the mouth and throat, making it difficult to breathe. After the operation, the lungs and windpipe produce a great deal of mucus. The mucus is removed with a small suction tube until the person learns to cough through the stoma. Similarly, saliva may need to be suctioned from the mouth because swelling in the throat can prevent swallowing. Talk with your doctor about what you can expect after surgery.

Surgery may cause permanent loss of voice or impaired speech, difficulty swallowing or talking, facial disfigurement, numbness in parts of the neck and throat, and less mobility in the shoulder and neck area. Surgery can also decrease thyroid gland function, especially after a total laryngectomy. Rehabilitation [7] of lost or altered physical functions and emotional support services are important parts of care following surgery. This may take time and require the expertise of different members of the treatment team. Patients are encouraged to talk with their health care team about what to expect before any surgery.

Learn more about cancer surgery [8].

Radiation therapy

Radiation therapy is the use of high energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. A newer method of external radiation therapy, known as intensity modulated radiation therapy (IMRT), allows for more effective doses of radiation therapy to be delivered while reducing the damage to healthy cells. When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Radiation therapy can be the main treatment for head and neck cancer or used after surgery to destroy small pockets of cancer that could not be removed during the operation.

Before beginning radiation therapy for any head and neck cancer, people should receive a thorough examination from an oncologic dentist. An oncologic dentist is a dentist with experience caring for the dental and oral health of people with cancer. Since radiation therapy can cause tooth decay, damaged teeth may need to be removed before treatment begins. Often, tooth decay can be prevented with proper treatment from a dentist. Learn more about dental health during cancer treatment [9].

It is also important that people receive counseling and evaluation from a speech pathologist who has experience caring for people with head and neck cancer. Since radiation therapy may cause swelling and scarring, the voice and swallowing are often affected. Speech pathologists can provide people with exercises and techniques to prevent long-term speech and swallowing problems.

In addition, radiation therapy to the head and neck may cause redness or skin irritation to the treated area, swelling, dry mouth or thickened saliva from damage to salivary glands (which can be temporary or permanent), bone pain, nausea, fatigue, mouth sores and/or sore throat, and dental problems (usually preventable, see above). Other side effects may include pain or difficulty swallowing; hoarseness or changes in the voice; loss of appetite, due to a change in sense of taste; hearing loss due to a buildup of fluid in the middle ear or nerve damage; buildup of earwax, which dries out because of the radiation therapy?s effect on the ear canal; and scarring (fibrosis). Talk with your doctor or nurse about how side effects will be managed.

Radiation therapy may also cause a condition called hypothyroidism, in which the thyroid gland (located in the neck) slows down and causes the person to feel tired and sluggish. Every person who receives radiation therapy to the neck area should have his or her thyroid checked regularly.

Most long-term side effects of radiation therapy can be prevented or reduced. It is important that all members of the multidisciplinary treatment team see the patient before radiation therapy begins in order to prevent or reduce long-term problems. Learn more about radiation therapy [10].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells? ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who

specializes in treating cancer with medication.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally). A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

For laryngeal and hypopharyngeal cancer, chemotherapy may be used as a neoadjuvant therapy (treatment before surgery, radiation therapy, or both) or an adjuvant therapy (treatment after surgery, radiation therapy, or both).

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, nausea and vomiting, hair loss, loss of appetite, diarrhea, dry mouth, hearing loss, and open sores in the mouth that can lead to infections.

Learn more about chemotherapy [11] and preparing for treatment [12]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [13].

Chemoradiotherapy

Depending on the stage of the cancer, a combination of chemotherapy and radiation therapy, often referred to as concomitant chemoradiotherapy, may be used to avoid a laryngectomy and preserve the larynx and its ability to function. For many people, this is the preferred standard treatment option; however, combining chemotherapy and radiation therapy can cause more side effects than treatment with radiation therapy alone.

Using chemotherapy as an initial treatment before surgery or radiation therapy, known as induction chemotherapy, has also been shown to allow for larynx preservation. Cetuximab (Erbitux; see below) with radiation therapy is being investigated.

Targeted therapy

Targeted therapy is a treatment that targets the cancer?s specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. This type of treatment blocks the growth and spread of cancer cells while limiting damage to healthy cells.

Recent studies show that not all tumors have the same targets. To find the most effective treatment, your doctor may run tests to identify the genes, proteins, and other factors in your tumor. As a result, doctors can better match each patient with the most effective treatment whenever possible. In addition, many research studies are taking place now to find out more about specific molecular targets and new treatments directed at them. Learn more about targeted treatments [14].

Cetuximab is a targeted treatment approved for use in combination with radiation therapy (see

above) for head and neck cancer that has not spread. It is also approved for use with chemotherapy to treat patients with metastatic cancer. Targeted therapy is an area of active research for head and neck cancers. Learn more about the Latest Research [4] being conducted.

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person?s symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about palliative care [15].

Metastatic cancer

If cancer has spread to another organ in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer because there can be different opinions about the best treatment plan. Learn more about seeking a second opinion [16] before starting treatment, so you are comfortable with the treatment plan chosen.

Typically, the treatment recommendation includes systemic chemotherapy, either using standard drugs or investigational drugs as part of a clinical trial [3]. Your health care team may also recommend a treatment plan that includes surgery or radiation therapy. Supportive care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called ?no evidence of disease? or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it?s important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [17].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence). Most recurrences at the original cancer site or in the neck happen during the first 18 to 24 months after the original treatment. People who stop using tobacco [18], preferably before treatment begins, have a better chance of living longer.

When there is a recurrence, a cycle of testing will begin again to learn as much as possible, including whether the cancer?s stage has changed. In particular, treatment planning when there is tumor spread and growth at distant organs (called M1 or distant metastasis; see the Stages [19] section) requires very careful evaluation and treatment. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above, such as surgery, radiation therapy, chemotherapy, and targeted therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [20].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [21].

After the death of a loved one, many people need support to help them cope with the loss. Learn

more about grief and loss [22].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:
[1] http://www.cancer.net/cancer-types/laryngeal-and-hypopharyngeal-cancer/treatment-options
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19004
[4] http://www.cancer.net/node/19007
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