

Laryngeal & Hypopharyngeal Cancer

What are laryngeal and hypopharyngeal cancer?

Cancer begins when normal cells change and grow out of control, forming a mass called a tumor. If cancer develops in the larynx, also known as the voice box, it is called laryngeal cancer. If it begins in the hypopharynx or gullet, the lower parts of the throat that surround the larynx, it is called hypopharyngeal cancer. About 95% of these cancers begin in the flat, squamous cells that form in the lining of the larynx and hypopharynx.

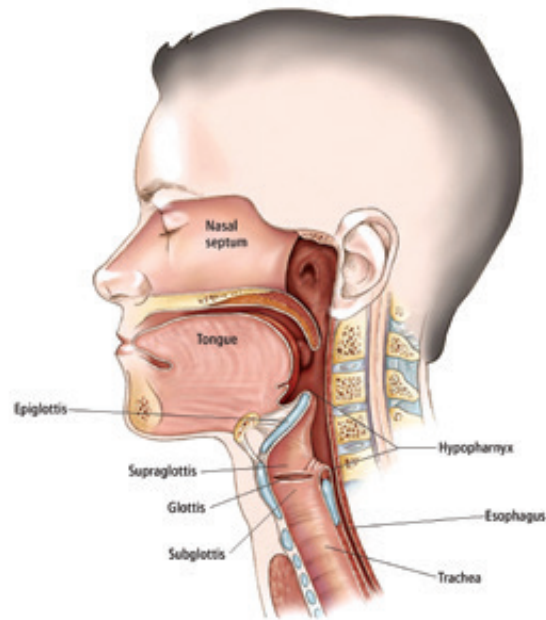


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What is the function of the larynx?

The larynx is a tube-shaped organ in the neck that is important for breathing, talking, and swallowing. It is located at the top of the windpipe, or trachea. The front walls stick out from the neck to form what most people call the Adam's apple. The larynx has 3 parts: glottis, supraglottis, and subglottis.

What does stage mean?

The stage 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. There are 5 stages for laryngeal or hypopharyngeal cancer: stage 0 (zero) and stages I through IV (1 through 4). Find more information at www.cancer.net/laryngeal.

How is laryngeal or hypopharyngeal cancer treated?

The treatment of laryngeal or hypopharyngeal cancer depends on the size and location of the tumor, whether the cancer has spread, and the person's overall health. When planning treatment, the doctor also considers how treatment might affect the way a person feels, looks, talks, eats, and breathes. The main treatment options are radiation therapy, surgery, and chemotherapy. One or a combination of these treatments may be used. Surgery and radiation therapy are the most common types of treatment for both laryngeal and hypopharyngeal cancers. Radiation therapy may be the main treatment for laryngeal or hypopharyngeal cancer, or it may be used after surgery to destroy small areas of cancer that could not be removed with surgery. The goal of surgery is to remove the cancerous tumor and some of the healthy tissue around it. Chemotherapy may be used before or after radiation therapy and/or surgery to increase the chance of destroying cancer cells. Targeted therapy may also be recommended. When making treatment decisions, people may also consider a clinical trial; talk with your doctor about all treatment options. The side effects of laryngeal or hypopharyngeal cancer treatment can often be prevented or managed with the help of your health care team. This is called palliative care and is an important part of the overall treatment plan.

How can I cope with laryngeal or hypopharyngeal cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.

ASCO ANSWERS is a collection of oncologist-approved patient education materials developed by the American Society of Clinical Oncology (ASCO) for people with cancer and their caregivers.

Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your health care team:

- What type of laryngeal or hypopharyngeal cancer do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage is the laryngeal or hypopharyngeal cancer? What does this mean?
- Would you explain my treatment options?
- What clinical trials are open to me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- Who will be part of my treatment team, and what does each member do?
- Should I see other specialists before treatment, such as a radiation oncologist, medical oncologist, plastic surgeon, oncologic dentist, or a speech pathologist?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Will this treatment affect my ability to eat, swallow, or speak?
- Will this treatment affect my ability to become pregnant or have children?
- What long-term side effects may be associated with my cancer treatment?
- If I'm worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?

Find more questions to ask the health care team at www.cancer.net/laryngeal. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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TERMS TO KNOW

Benign:

A tumor that is not cancerous

Biopsy:

Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Chemotherapy:

The use of drugs to destroy cancer cells

Lymph node:

A tiny, bean-shaped organ that fights infection

Malignant:

A tumor that is cancerous

Metastasis:

The spread of cancer from where it began to another part of the body

Oncologist:

A doctor who specializes in treating cancer

Laryngectomy:

The removal of part or all of the larynx

Prognosis:

Chance of recovery

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

Targeted therapy:

Treatment that targets specific genes or proteins that contribute to cancer growth

Tracheostomy:

An operation to create an opening (stoma) into the windpipe or trachea

Tumor:

An abnormal growth of body tissue

MADE AVAILABLE THROUGH

