

4.3 Cancer of the Larynx

Introduction

For purposes of this clinical stage classification, the larynx is divided into three regions: supraglottis, glottis, and subglottis and is summarized as follows¹:

Site	Subsite
Supraglottis	Suprahyoid epiglottis Infrahyoid epiglottis Aryepiglottic folds (laryngeal aspect) Arytenoids Ventricular bands (false cords)
Glottis	True vocal cords, including anterior and posterior commissures
Subglottis	Subglottis

Regional Lymph Nodes. The incidence and distribution of cervical nodal metastases from cancer of the larynx vary with the site of origin and the T classification of the primary tumour².

Metastatic Sites. Distant spread is common only for patients who have bulky regional lymphadenopathy. When distant metastases occur, spread to the lungs is most common; skeletal or hepatic metastases occur less often. Mediastinal lymph node metastases are considered distant metastases.³

¹ American Joint Committee on Cancer. Cancer Staging Manual, Sixth Edition New York: Springer-Verlag New York. 2002 p61-62

² Cancer Staging Manual p62

³ Cancer Staging Manual p62

Staging

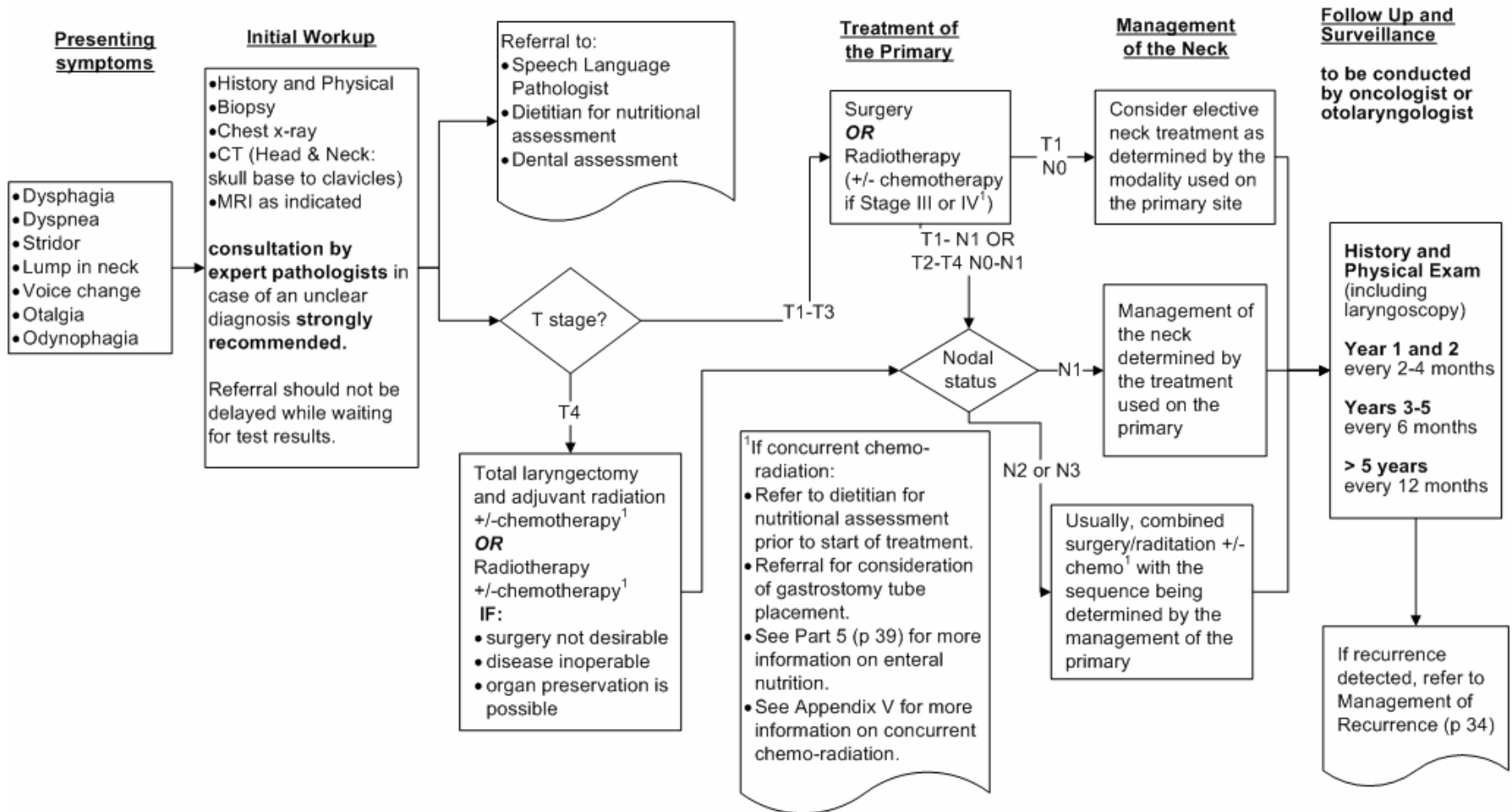
Clinical Staging. The assessment of the larynx is accomplished primarily by inspection, using indirect mirror and direct endoscopic examination with a fiber optic nasolaryngoscope. The tumour must be confirmed histologically, and any other data obtained by biopsies may be included.⁴

Pathologic Staging. Pathologic staging requires the use of all information obtained in clinical staging and in histologic study of the surgically resected specimen. The surgeon's evaluation of gross unresected residual tumour must also be included. Specimens that are resected after radiation or chemotherapy need to be identified and considered in context. The pathologic description of any lymphadenectomy specimen should describe the size, number, and position of the involved node(s) and the presence or absence of extracapsular extension.⁵

⁴ Cancer Staging Manual p62

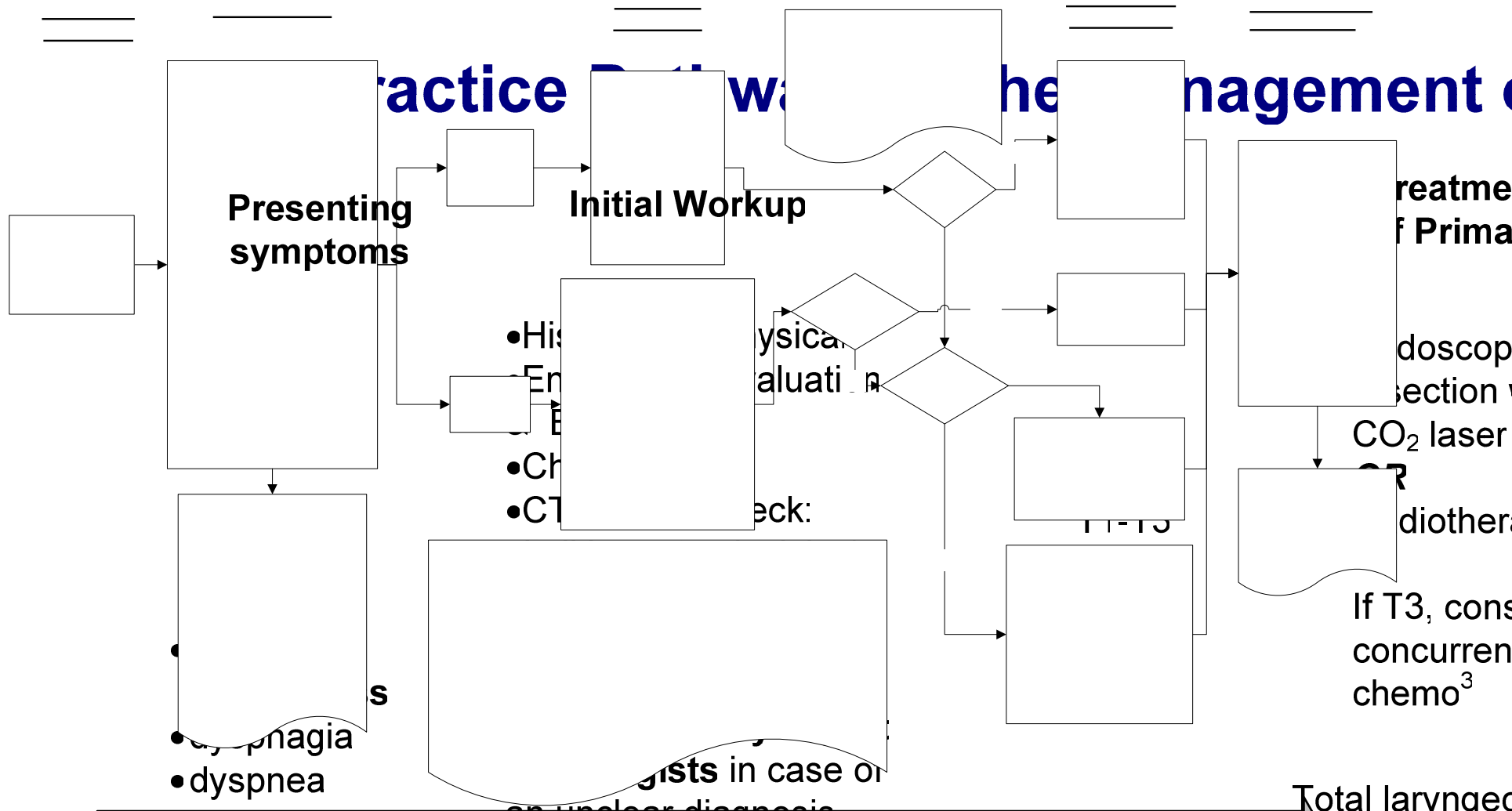
⁵ Cancer Staging Manual p63

Practice Pathway for the Management of Cancer of the Supraglottic Larynx



Information and Supportive/Psychosocial Care services need to be appropriate and available to patients throughout the continuum of care (see Part 5 p 48)

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strongly recommended.

Referral should not be delayed while waiting for test results.

T4

Total laryngectomy with thyroidectomy AND radiotherapy and chemotherapy. Radiotherapy and chemotherapy. surgery not desirable.

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