
VOICE BOX (LARYNGEAL) CANCER

Cancer of the voice box, or laryngeal cancer, is not as well known by the general public as some other types of cancer, yet it is not a rare disease. The American Cancer Society estimated that there will be about 13,150 new cases of laryngeal cancer (10,490 new cases in men and 2,660 new cases in women), and about 3,710 deaths from laryngeal cancer (2,970 men and 740 women).¹ Even for survivors, the consequences of laryngeal cancer can be devastating with respect to voice, breathing, or swallowing. It is a preventable disease, however, since the primary risk factors for laryngeal cancer are associated with changeable behaviors in lifestyle.

WHAT ARE THE SYMPTOMS OF LARYNGEAL CANCER?

Signs and symptoms of laryngeal cancer include:

- Worsening or persistent hoarseness
- Difficulty swallowing
- Persistent sore throat or pain with swallowing
- Difficulty breathing
- Pain in the ear
- Lump in the neck
- Coughing up blood

Anyone with these signs or symptoms should be evaluated by an ENT (ear, nose, and throat) specialist, or otolaryngologist. This is particularly important for people with risk factors for laryngeal cancer.

WHAT ARE THE CAUSES AND RISK FACTORS ASSOCIATED WITH LARYNGEAL CANCER?

Many factors can lead to the development of laryngeal cancer, including certain viruses such as human papilloma virus (HPV), but approximately 90 percent of head and neck cancers occur after exposure to known

cancer-causing substances, called carcinogens. Chief among these factors is tobacco. Over 90 percent of laryngeal cancers are a type of cancer called squamous cell carcinoma (SCCA), and over 95 percent of patients with laryngeal SCCA are smokers. Smoking contributes to cancer development by causing mutations or changes in genes, preventing carcinogens from being cleared from the respiratory tract, and decreasing the body's immune response.

Tobacco use is measured in pack-years. For example, two pack-years is defined as either one pack per day for two years, or two packs per day for one year (longer terms of pack-years are determined using a similar ratio). Depending upon the number of pack-years smoked, studies have reported that smokers are about five to 35 times more likely to develop laryngeal cancer than non-smokers. The longer you are exposed to tobacco is probably more important to developing cancer than the intensity of the exposure.

Alcohol is another important risk factor for laryngeal cancer because it promotes the cancer-causing process, especially in the presence of tobacco. People who smoke and drink alcohol have a combined risk that is greater than the sum of the individual risks. Other risk factors for laryngeal cancer include HPV and acid reflux.

WHAT ARE THE TREATMENT OPTIONS?

The best "treatment" is prevention: laryngeal cancer is a preventable disease in most cases, because the main risk factors are associated with lifestyle behaviors that can be modified or changed. The American Cancer Society recommends that those who drink alcoholic beverages should limit the amount of alcohol they consume—one drink per day is considered limited exposure to alcohol. It also recommends avoiding tobacco in any form. Vitamin A and beta-carotene may play a protective role in helping to decrease the risk of developing laryngeal cancer.

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That said, the primary treatment options for laryngeal cancer include surgery, radiation therapy, chemotherapy, or a combination of these treatments, the first two being the most commonly recommended treatments. However, these treatments take a toll on the body.

Potential Complications of Non-treatment

You and your doctor can discuss the best treatment option(s), but potential complications of not treating your condition include:

- Persistent sore throat
- Complete loss of voice
- Disfigurement in the neck area
- Bloody cough or bleeding from the mouth
- Complete inability to swallow or aspiration of food and liquid into lungs leading to pneumonia
- Difficulty breathing or even complete airway blockage, possibly requiring a tracheostomy (a special tube through the neck into the trachea or windpipe to bypass the blocked airway)

WHAT QUESTIONS SHOULD I ASK MY DOCTOR?

1. What is the stage and grade of the cancer? What does this mean?
2. Can you explain my pathology report (laboratory test results) to me?
3. Does my cancer need to be genetically tested? Are there any other special tests that have to be done on the pathology slides?
4. Can my cancer be cured? If not, why?
5. What are my treatment options?
6. What clinical trials are available for me? Where are they located, and how do I find out more about them?
7. What are the side effects of each type of treatment? How are the side effects prevented or managed?
8. What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
9. What are the possible short- and long-term side effects of each treatment option?
10. How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
11. Will treatment affect my ability to speak, eat, and swallow?
12. What is the chance that the cancer will come back? Should I watch for specific signs or symptoms?
13. What kind of dental care do I need? How often should I see the dentist?
14. Do I need to change my diet? Are there certain foods that I should avoid? Can I drink alcohol?
15. Will I need cancer rehabilitation services after treatment? What can I expect?

References

1: <https://www.cancer.org/cancer/laryngeal-and-hypopharyngeal-cancer/about/key-statistics.html>