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Larynx Case # 2
Presentation of New Case

• Newly diagnosed larynx cancer patient

• Presentation at Cancer Conference for treatment recommendations and clinical staging
Larynx Case # 2
History & Physical

• 73 yr old male who presented with chronic hoarseness, SOB, dysphagia

• Physical Examination
  – Mass involving left false vocal fold and ventricle with bilateral vocal cord mobility
  – Ipsilateral node is hard but mobile without skin or nerve involvement

• No smoking hx, no depression, 5 lb weight loss
Larynx Case # 2  
Imaging & Endoscopy Results

• CT neck  
  – Right laryngeal region mass with  
  – Extension to paraglottic space  
  – Prominent 1.4cm level III right neck node

• CT chest and CT brain  
  – Negative

• Laryngoscopy & bx  
  – Large tumor involving right false vocal cord extending to true vocal  
    cord and medial wall of pyriform sinus on the same side  
  – Vocal cord is mobile  
  – No contralateral spread

Larynx Case # 2
Diagnostic Procedure

• Procedure
  – Biopsy right false vocal cord during laryngoscopy

• Pathology Report
  – Squamous cell ca
  – Poorly differentiated, Grade 3

• Human papillomavirus (HPV) – neg (recorded but doesn’t change the stage)
Larynx Case # 2
Clinical Staging

• Clinical staging
  – Uses information from the physical exam, imaging, and diagnostic laryngoscopy

• Purpose
  – Select appropriate treatment
  – Estimate prognosis
Larynx Case # 2
Clinical Staging

• Synopsis: patient with supraglottic lesion extending to glottis, medial wall of pyriform sinus with normal vocal cord mobility, clinically involved nodes

• What is the clinical stage?
  – T____
  – N____
  – M____
  – Stage Group______
Larynx Case # 2
Clinical Staging

- Clinical Stage correct answer
  - cT3
  - cN1
  - cM0
  - Stage Group III

- Based on stage, treatment is selected

- Review treatment guidelines for this stage
Larynx Case # 2
Clinical Staging

• Rationale for staging choices
  – cT3
    • Invades more than one adjacent subsite
    • Invades region outside supraglottis (pyriform sinus)
    • Vocal cord is mobile (first three bullets would be T2)
    • Paraglottic space involvement makes it a T3
  – cN1 because a single ipsilateral lymph node <3 cm was clinically positive on palpation and imaging studies without extranodal extension ENE on physical exam
  – cM0 because there were no signs or symptoms to suggest distant metastases; if there were, appropriate tests would be performed before developing a treatment plan
Larynx Case # 2

Treatment Options

• Review treatment guidelines for this stage

• Discuss appropriate treatment plans for this patient
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Posttherapy Staging

• This patient was recommended for radiation rx & chemotherapy, no surgery

• Posttherapy y-clinical staging may be assigned at completion of therapy
• Applicable to this case
  – Extranodal extension (ENE) clinical: negative
  – Human papillomavirus (HPV) status: negative
T3

T3 for the supraglottis is defined as tumor limited to larynx with vocal cord fixation and/or invading any of the following: postericoid area, preepiglottis space, paraglottic space, and/or inner cortex of thyroid cartilage (shown here with invasion of the supraglottis and vocal cord with vocal cord fixation)

Larynx Case # 2
Recap of Staging

• Summary of correct answers
  – Clinical stage  cT3 cN1 cM0  ENE(-)  Stage Group III
  – Posttherapy y-clinical stage (yc) unknown

• The staging classifications have a different purpose and therefore can be different. Do not go back and change the clinical staging based on further information.
Staging Moments Summary

- Review site-specific information if needed

- Clinical Staging
  - Based on information before treatment
  - Used to select treatment options

- Posttherapy y-clinical Staging
  - Based on clinical history & physical examination and any imaging studies after completion of therapy
  - Assesses response to treatment