

Survival differences seen for advanced-stage laryngeal cancer

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The five-year survival rate for advanced-stage laryngeal cancer was higher than national levels in a small study at a single academic center performing a high rate of surgical therapy, including a total laryngectomy (removal of the voice box), to treat the disease, despite a national trend toward organ preservation, according to a report published online by *JAMA Otolaryngology-Head & Neck Surgery*.

The larynx is a common site of head and neck cancer with more than 10,000 cases annually. Over the past two decades, treatment for advanced-stage [laryngeal cancer](#) has shifted from primary surgical therapy to organ preservation treatments with chemotherapy and radiation, according to study background.

Blake Joseph LeBlanc, M.D., of Louisiana State University Health-Shreveport (LSU Health), and co-authors examined survival rates at their institution for primary surgical treatment of advanced-stage tumor with outcomes in the National Cancer Database (NCDB).

In an analysis of 165 patients (majority male, average age 55 years) with laryngeal cancer in the LSU Health tumor registry from 1998 to 2007, 48 (29.09 percent) had clinically early-stage (I/II) [disease](#) and 117 (70.91 percent) had advanced-stage (III/IV) disease. Of the 117 patients with advanced-stage disease, 64 (54.70 percent) underwent primary surgical therapy to include total laryngectomy or pharyngolaryngectomy (removal of the [voice box](#) and area at the back of the mouth and throat). Data from the NCDB shows the national rate of laryngectomy declined from

60 percent in the 1980s to 32 percent in 2007. At LSU Health, five-year survival for stage IV was 55.54 percent compared with 31.60 percent nationally. LSU Health's overall survival at all stages rate was 59.14 percent and similar to the nationwide rate, according to the study results.

"This study shows that LSU Health treats a high percentage of patients with advanced-stage laryngeal carcinoma who have lower socioeconomic status, yet still has improved survival rates compared with the NCDB over the study time period. This contributes to a growing body of literature that suggests that initial surgical therapy for advanced-stage disease may result in increased survival compared with [organ preservation](#)," authors note.

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