

NAACCR Hospital Registry Webinar Series

**Shannon Vann, CTR
Jim Hofferkamp, CTR**



Abstracting Larynx Cancer Incidence & Treatment Data

- **Estimated new cases and deaths
from laryngeal cancer in the United
States in 2008:**
 - ◆ **New cases: 12,250**
 - ◆ **Deaths: 3,670**

Source: National Cancer Institute
www.cancer.org



Histology

- **Squamous Cell Carcinoma**
 - ◆ Keratinizing
 - ◆ Non-keratinizing and well-differentiated to poorly differentiated grade.
- **Non squamous cell carcinoma**

Source: National Cancer Institute
www.cancer.org



Anatomy



Larynx

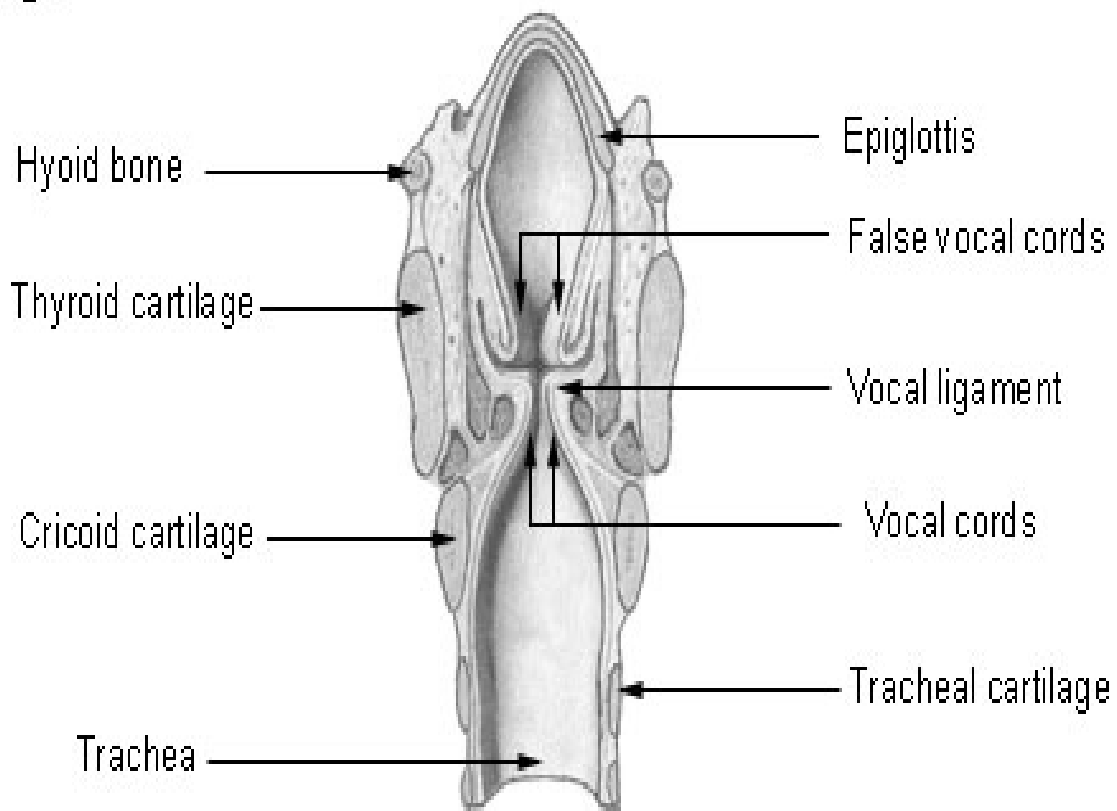
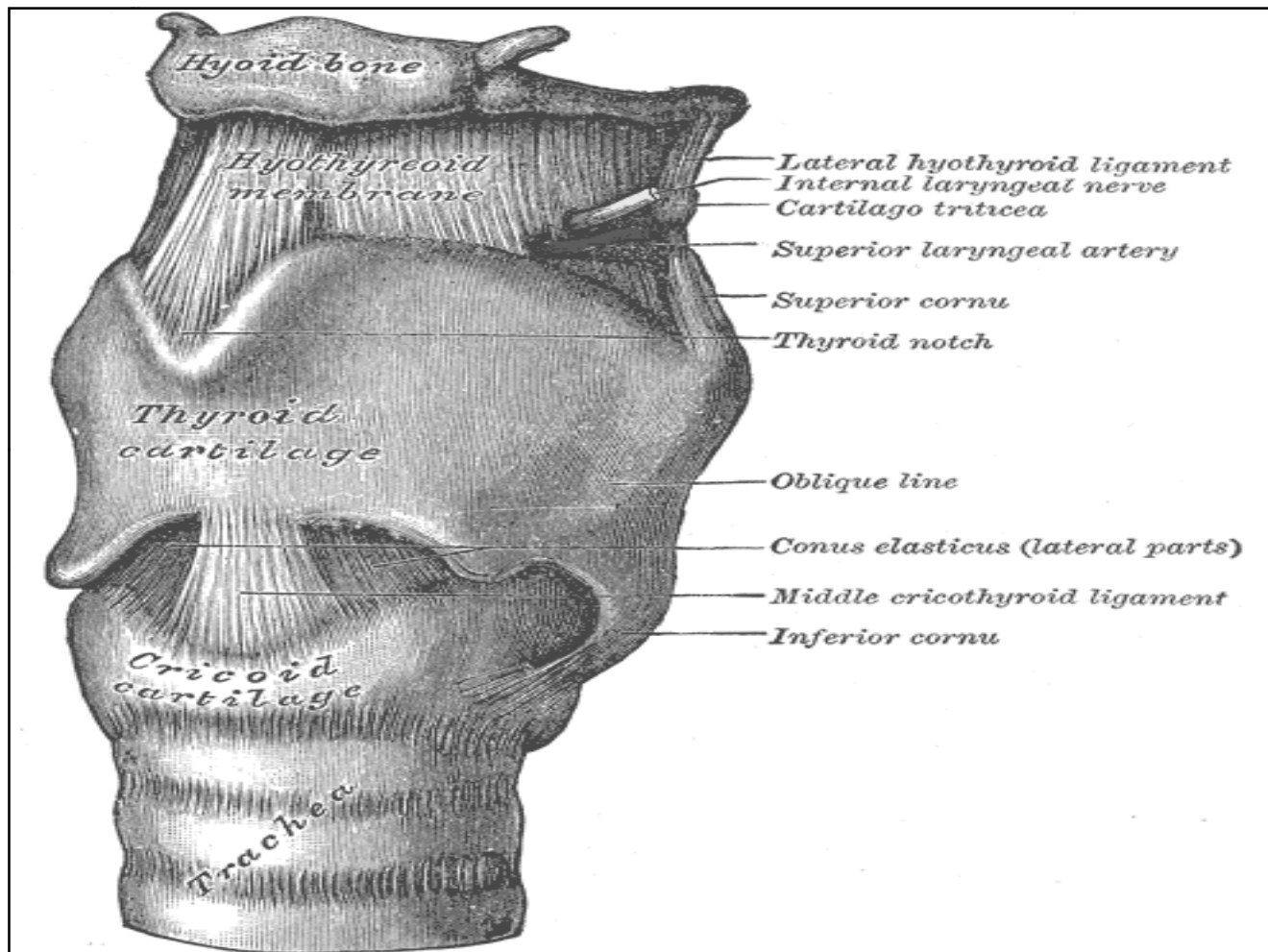
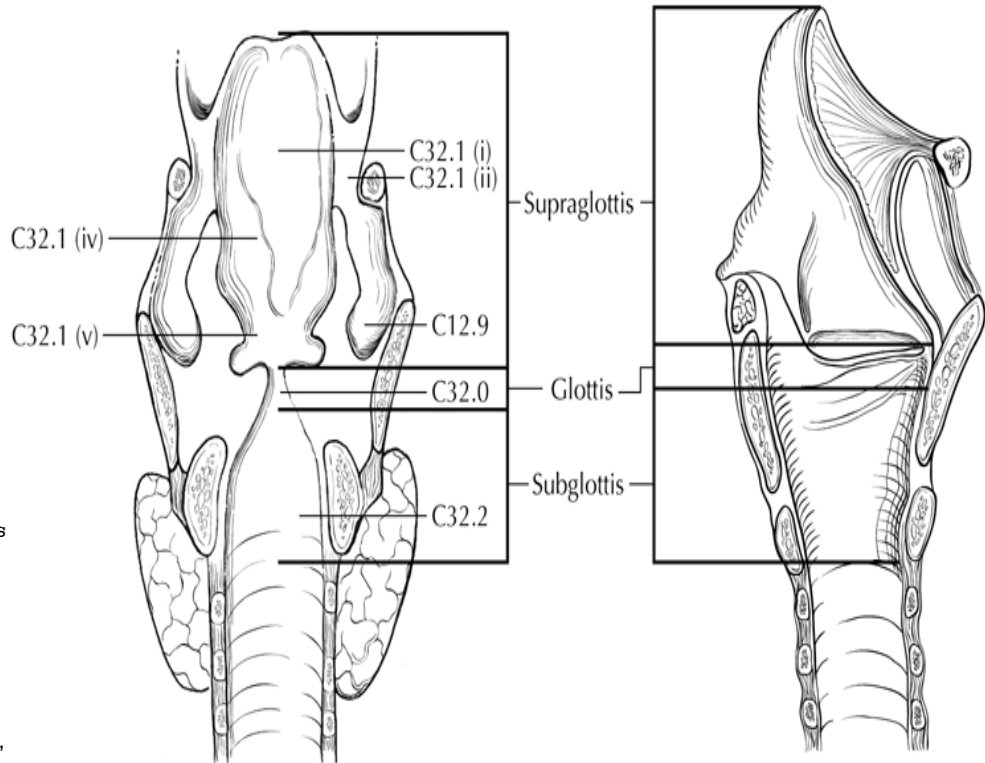


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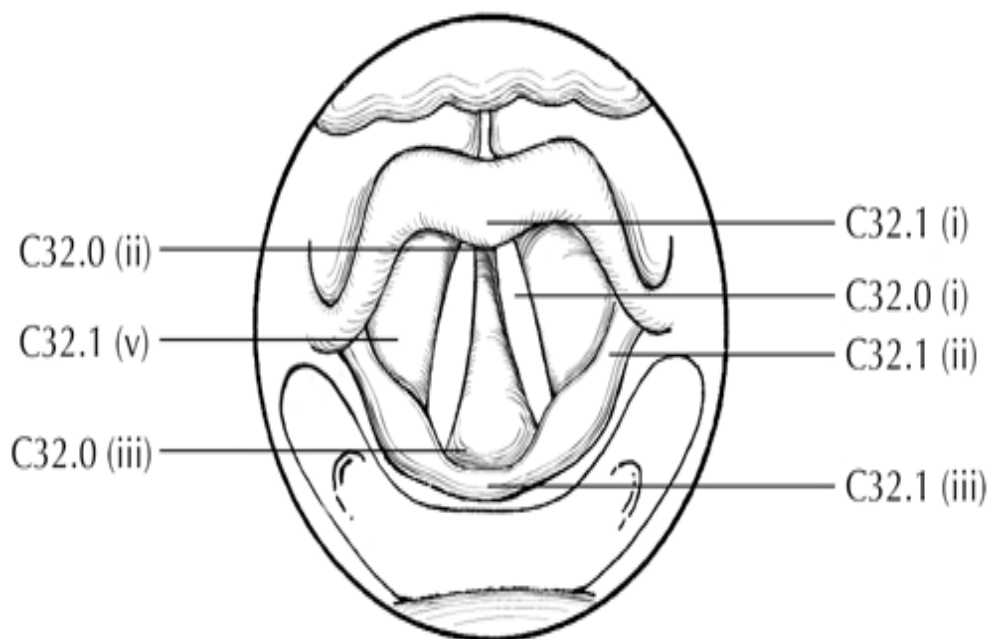


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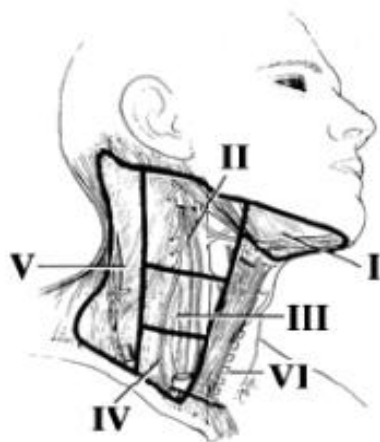
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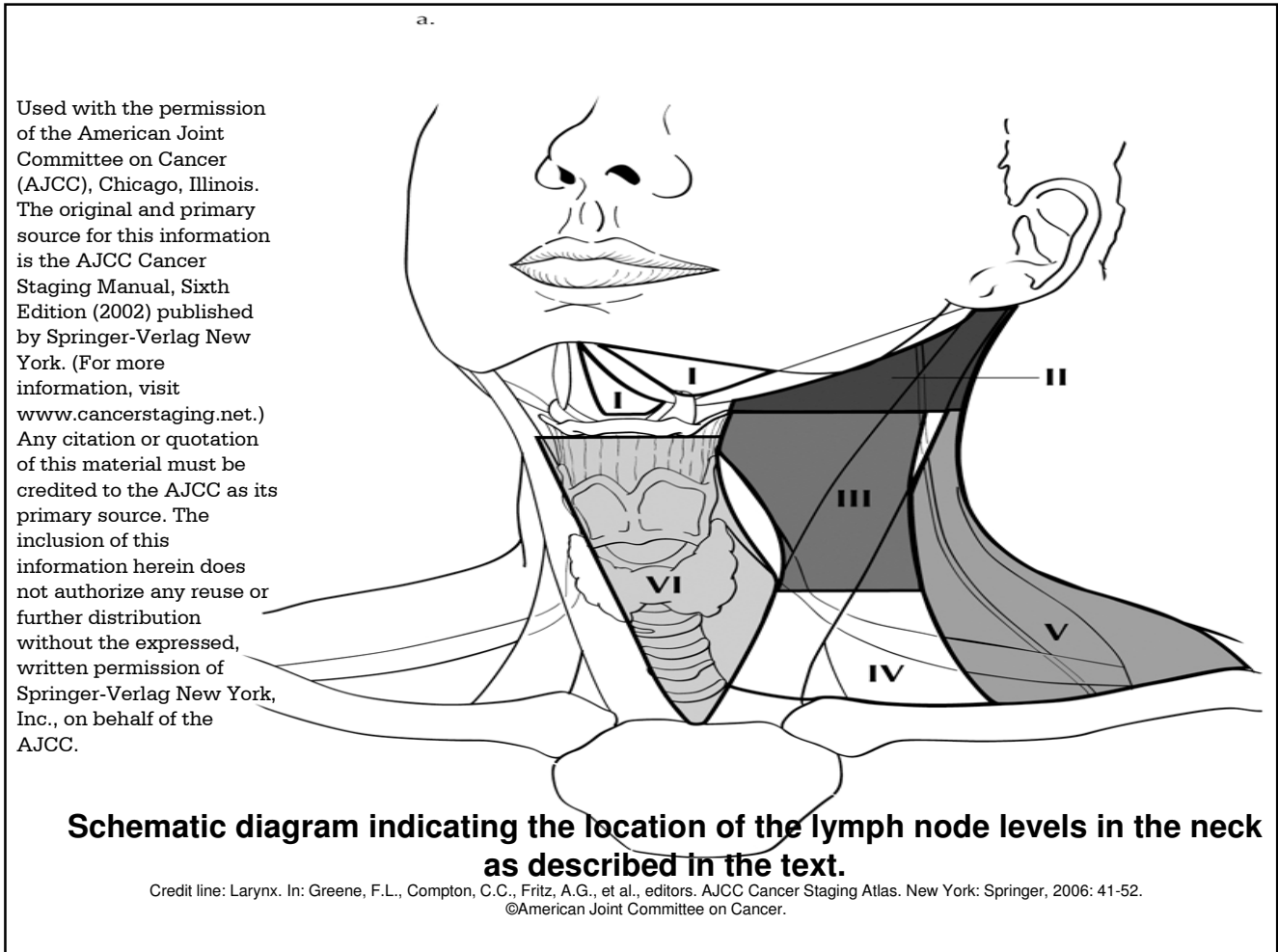
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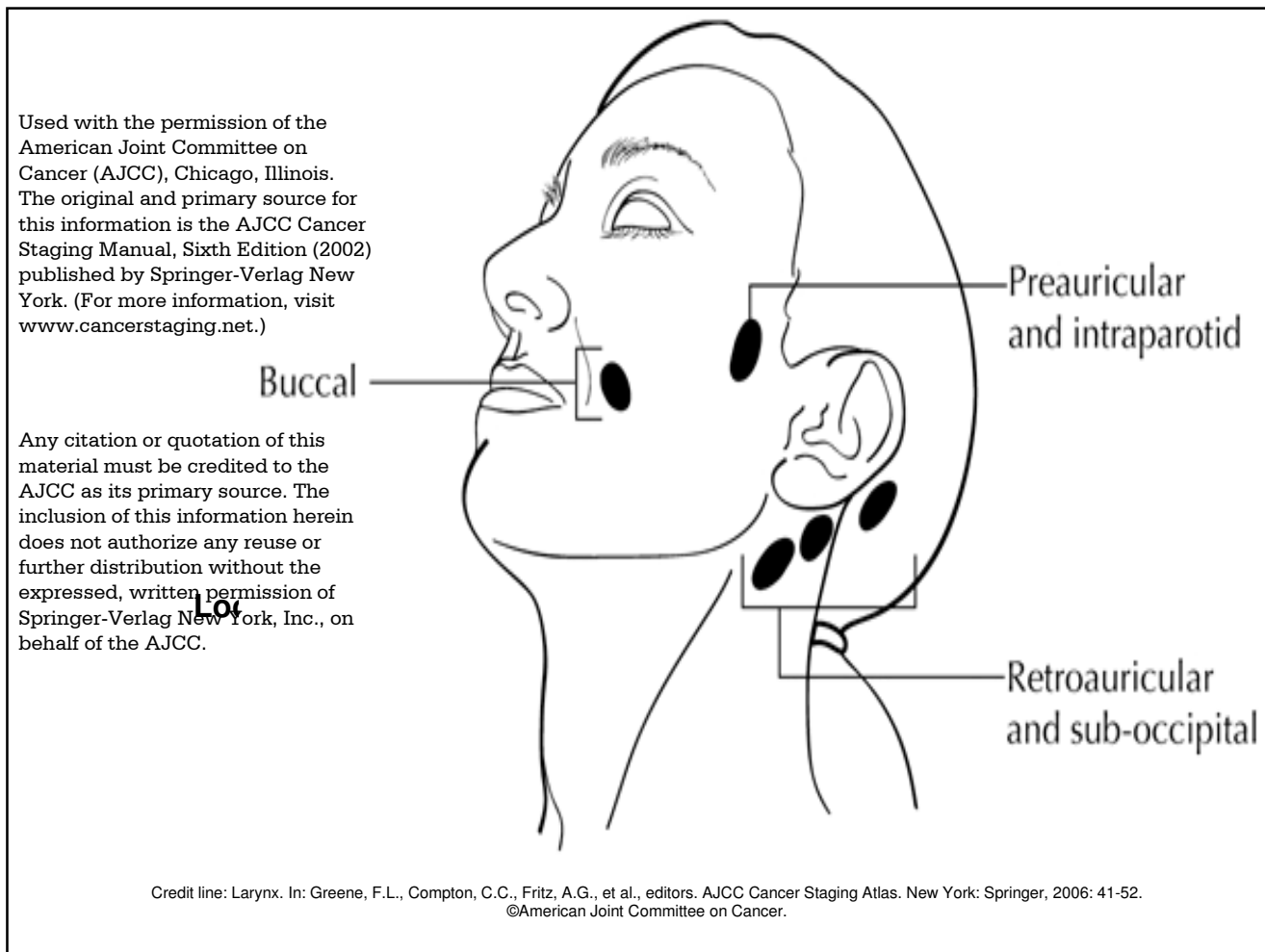


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Head and Neck Lymph Node Levels and Groups

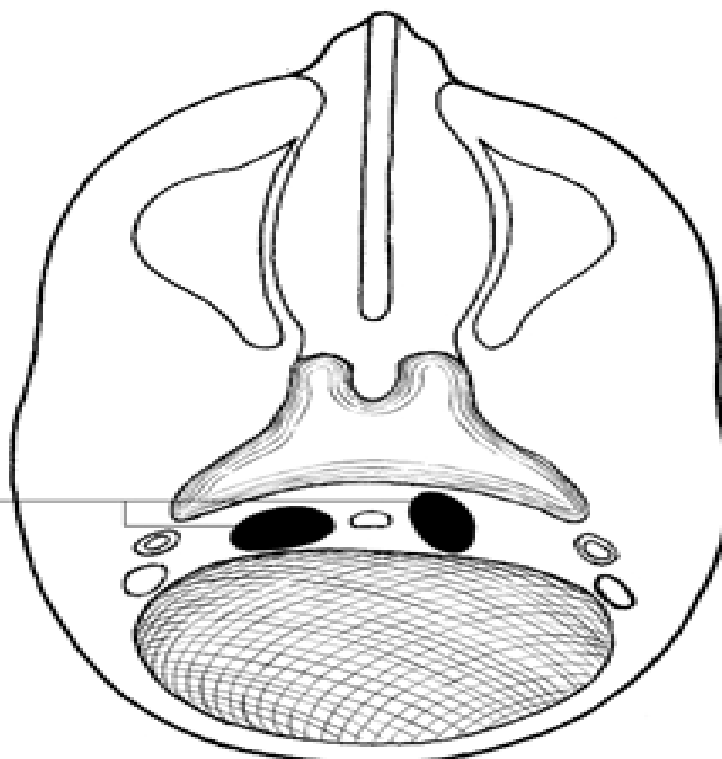






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Retropharyngeal



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Diagnosing Larynx Cancer

- **Physical exam**
- **Laryngoscope**
- **MRI/CT Scans**



2007 Multiple Primary and Histology Rules

Coding Primary Site

1. Tumor Board
 - a. Specialty
 - b. General
2. Staging physician's site assignment
 - a. AJCC staging form
 - b. TNM statement in medical record
3. If neither 1 or 2 available, based on whether tumor was resected

Coding Primary Site

4. If total resection of primary tumor was done, code based on:
 - a. Operative report – surgeon’s statement
 - b. Final diagnosis on pathology report

Coding Primary Site

5. If total resection was NOT done code based on:
 - a. Endoscopy
 - b. Radiation oncologist
 - c. Diagnosing physician
 - d. Primary care physician

Continued on next slide

Coding Primary Site

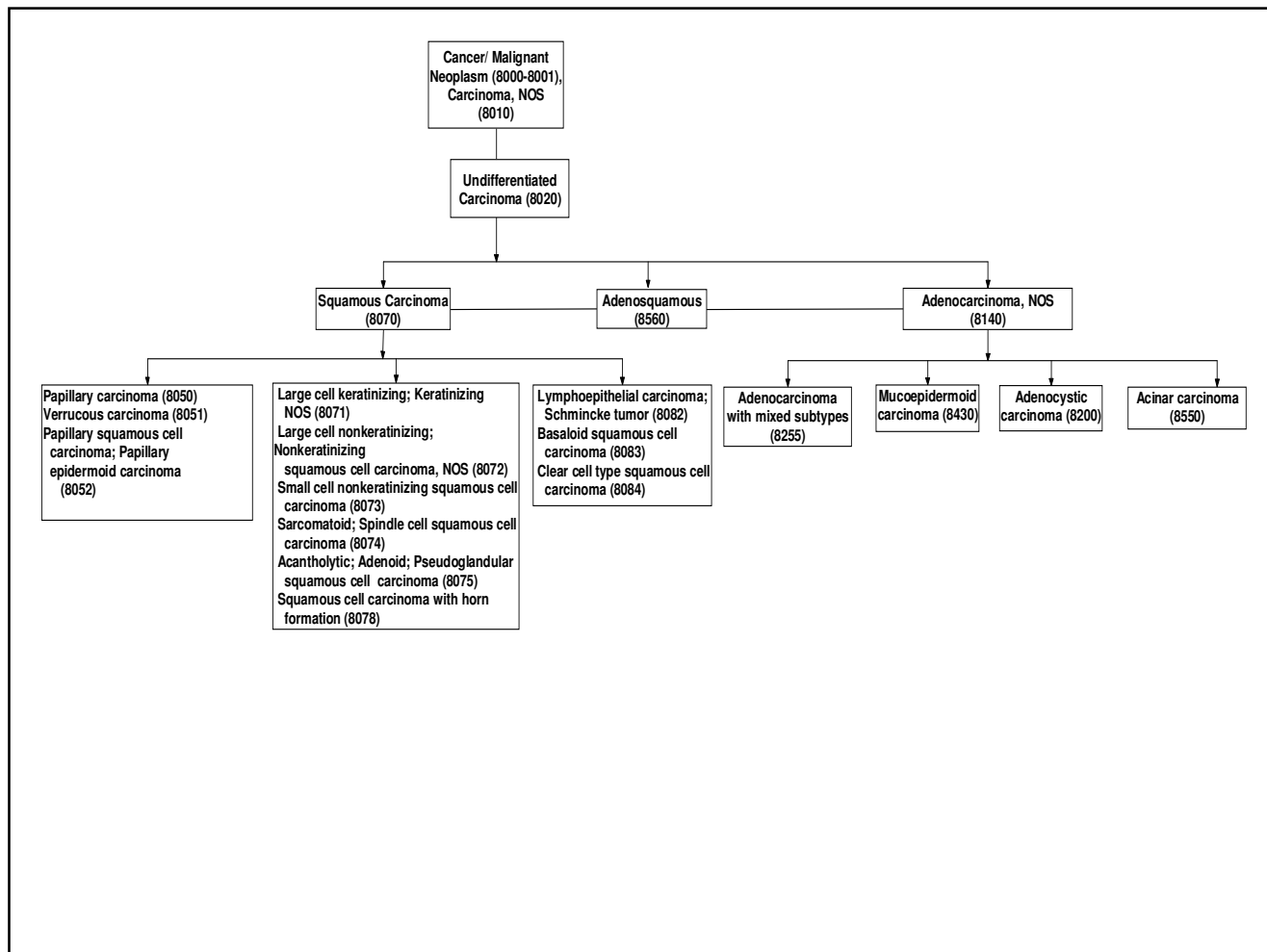
- e. Other physician
- f. Diagnostic imaging
- g. Physician statement based on clinical examination

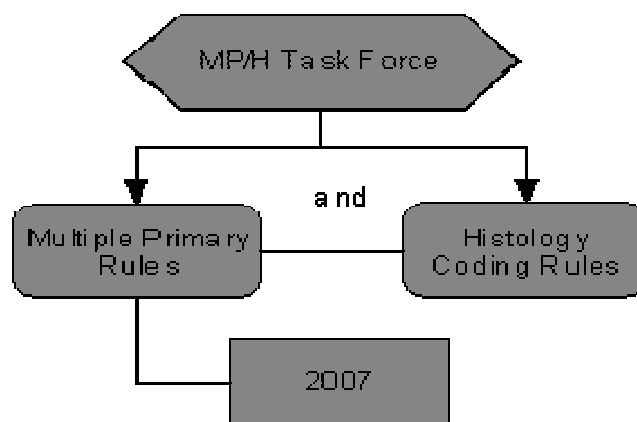
Default Site Codes

- Point of origin cannot be determined
 - C02.8 Overlapping lesion of tongue
 - C08.8 Overlapping lesion of major salivary glands
 - C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

Chart 1 – H&N Histology Groups and Specific Types

- Use this chart with the histology rules to code the most specific histologic term.
- The tree is arranged in descending order.
- Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group.
- As you follow the branch down, the terms become more specific

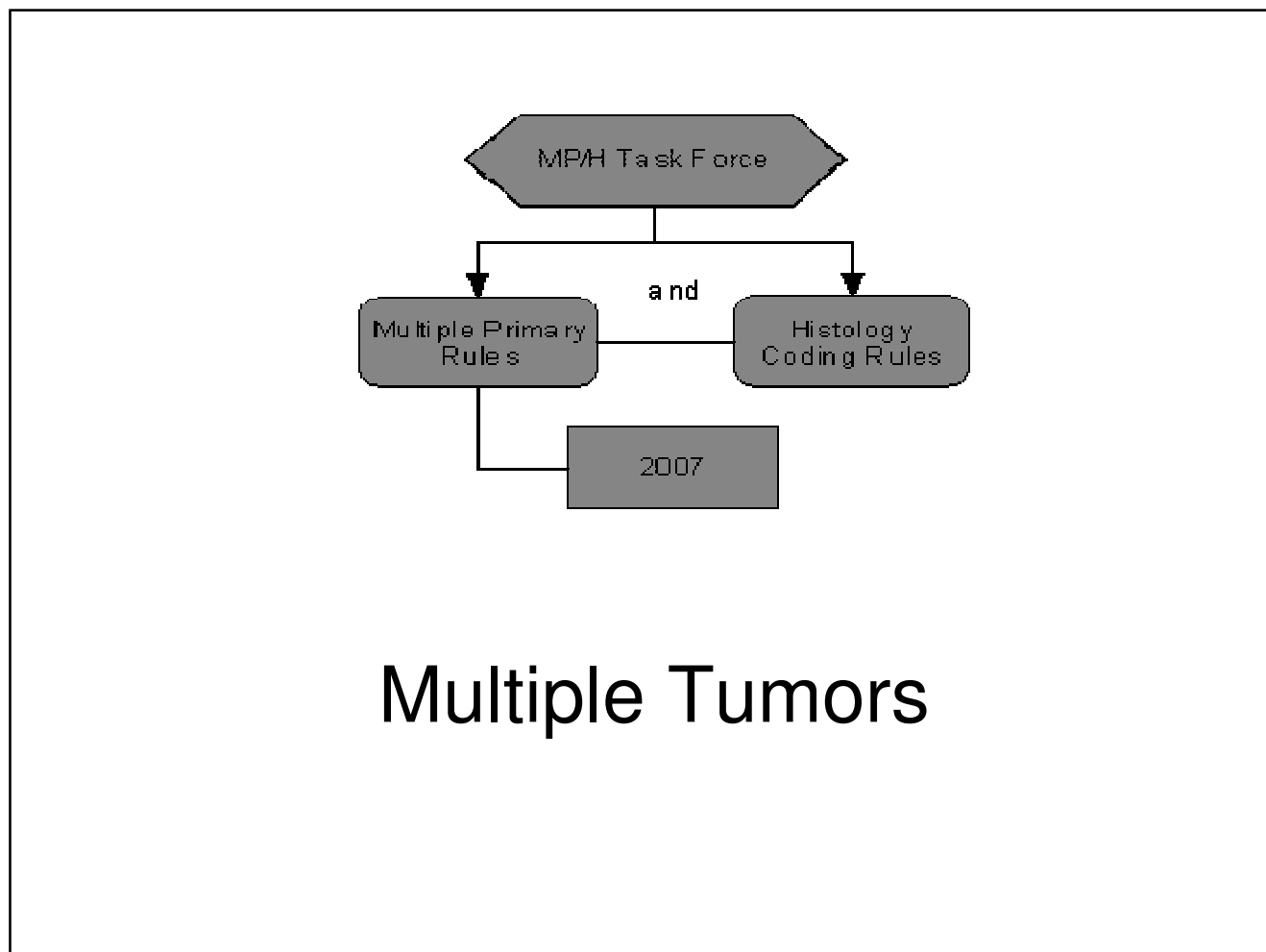




Multiple Primary Rules

Multiple Primary Rules

- **Rule M1**
 - When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*
- **Rule M2**
 - A **single tumor** is always a single primary. *



Multiple Primary Rules Multiple Tumors

- **Rule M3**
 - Tumors on the **right** side **and** the **left** side of a **paired site** are multiple primaries. **
- **Rule M4**
 - Tumors on the **upper lip** (C000 or C003) **and** the **lower lip** (C001 or C004) are multiple primaries. **
- **Rule M5**
 - Tumors on the **upper gum** (C030) **and** the **lower gum** (C031) are multiple primaries. **

Multiple Primary Rules Multiple Tumors

- **Rule M6**
 - Tumors in the **nasal cavity** (C300) **and** the **middle ear** (C301) are multiple primaries. **
- **Rule M7**
 - Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third (Cxxx) character are multiple primaries. **

Multiple Primary Rules Multiple Tumors

- **Rule M8**
 - An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
- **Rule M9**
 - Tumors diagnosed **more than five (5) years** apart are multiple primaries. **

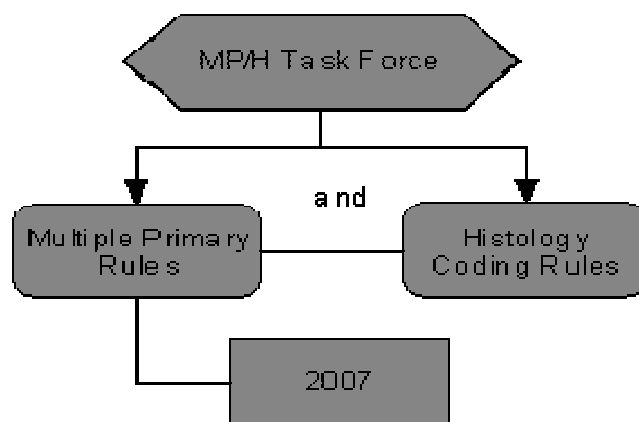
Multiple Primary Rules Multiple Tumors

- **Rule M10**

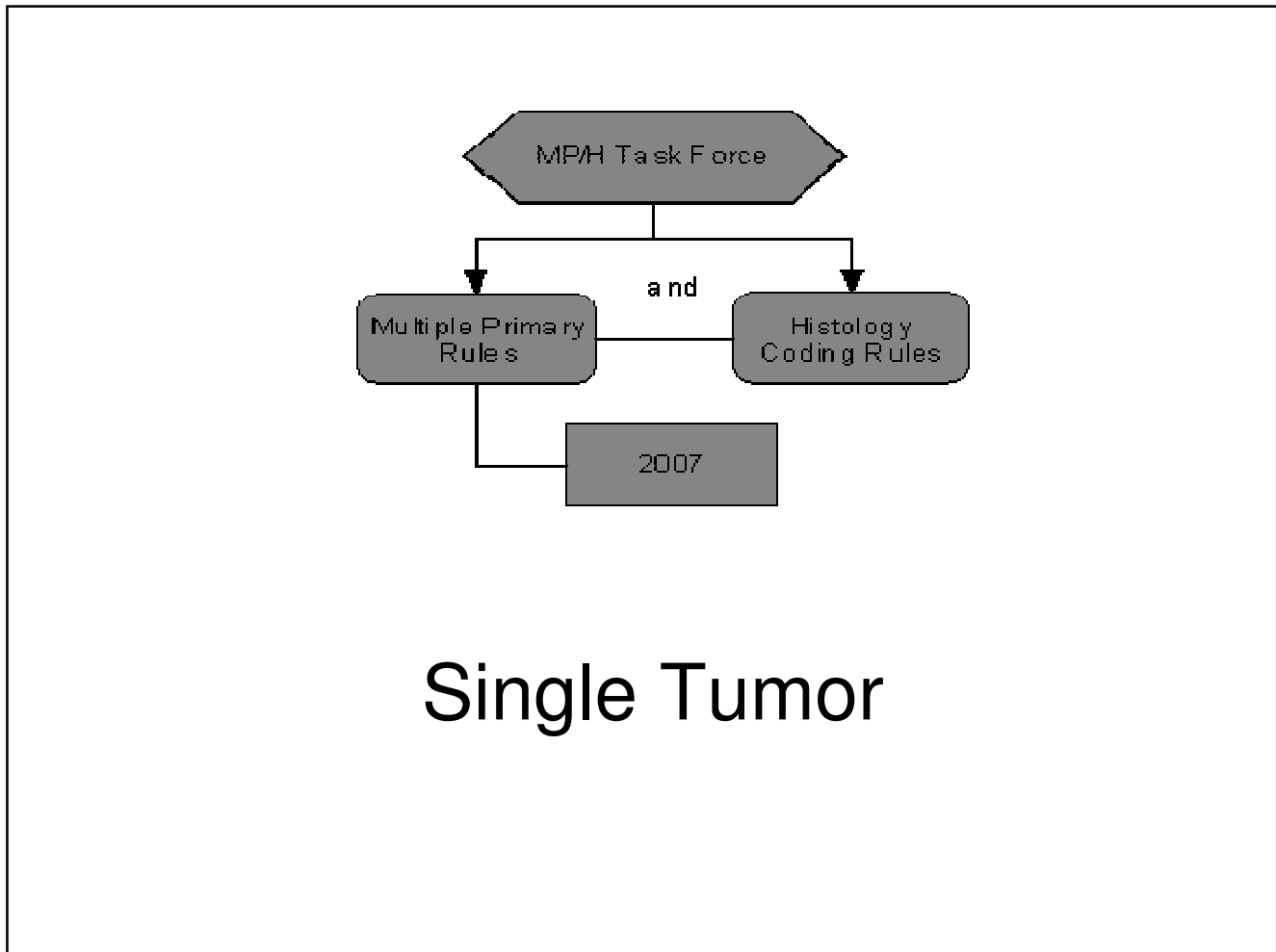
- Abstract as a single primary* when one tumor is:
 - **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
 - **Carcinoma, NOS (8010) and** another is a **specific carcinoma** or
 - **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
 - **Squamous cell carcinoma, NOS (8070) and** another is **specific squamous cell carcinoma** or
 - **Melanoma, NOS (8720) and** another is a **specific melanoma**
 - **Sarcoma, NOS (8800) and** another is a **specific sarcoma**

Multiple Primary Rules Multiple Tumors

- **Rule M11**
 - Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- **Rule M12**
 - Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary.



Histology Rules

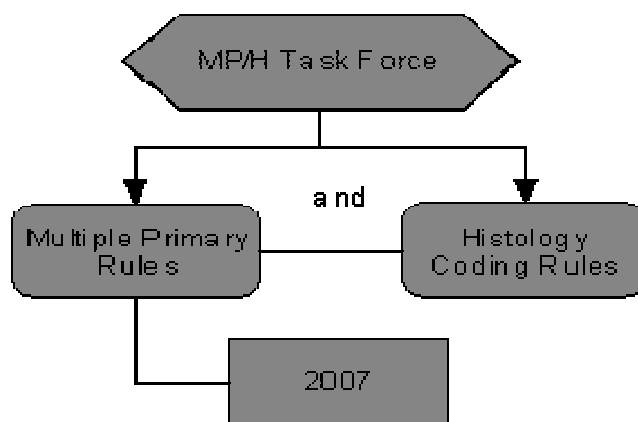


Histology Rules

- **Rule H1**
 - Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
- **Rule H2**
 - Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.
- **Rule H3**
 - Code the histology when only **one histologic type** is identified.

Histology Rules

- **Rule H4**
 - Code the **invasive** histologic type when a single tumor has invasive and in situ components.
- **Rule H5**
 - Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch.
- **Rule H6**
 - Code the histology with the **numerically higher** ICD-O-3 code.



Multiple Tumors Abstracted as a Single Primary

Histology Rules

- **Rule H7**
 - Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
- **Rule H8**
 - Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Histology Rules

- **Rule H9**
 - Code the histology when only **one histologic type** is identified.
- **Rule H10**
 - Code the histology of the **most invasive** tumor.

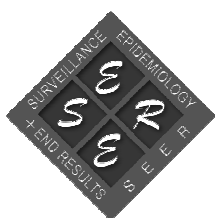
Histology Rules

- **Rule H11** Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:
 - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
 - Carcinoma, NOS (8010) and a more specific carcinoma or
 - Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
 - Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
 - Melanoma, NOS (8720) and a more specific melanoma or
 - Sarcoma, NOS (8800) and a more specific sarcoma

Histology Rules

- **Rule H12**
 - Code the histology with the **numerically higher** ICD-O-3 code.

MP/H Task Force



National
Cancer Institute
of Canada

Institut national
du cancer
du Canada



Collaborative Staging

Larynx



Larynx

- **Glottic, Larynx**
 - ◆ C32.0 Glottis
- **Supraglottic**
 - ◆ C32.1 Supraglottis
- **Subglottic**
 - ◆ C32.2 Subglottis
- **Overlapping or Larynx, NOS**
 - ◆ C32.3 Laryngeal Cartilage
 - ◆ C32.8 Overlapping lesion
 - ◆ C32.9 Larynx, NOS



CS Tumor Size

- Use Standard Table



CS Extension

- **Supraglottic Larynx**
 - ◆ **10-Invasive tumor with normal vocal cord mobility confined to: Supraglottis (one subsite)**
- **Glottic Larynx**
 - ◆ **10-Invasive tumor with normal mobility confined to glottis, NOS; Intrinsic larynx; laryngeal commissure (s) anterior, posterior; vocal cord (s), nos; true vocal cord (s), true cords.**



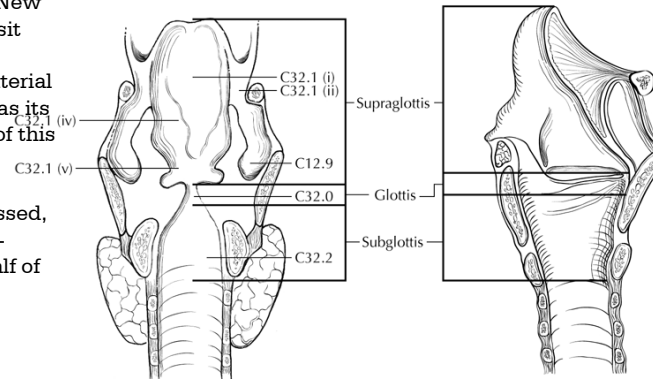
CS Extension

- **Subglottic Larynx**
 - ◆ **10-Invasive tumor with normal vocal cord mobility confined to the subglottis.**



Larynx

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Anatomical sites and subsites of the three regions of the larynx: supraglottis, glottis, and subglottis. Supraglottis (C32.1) subsites include suprahypoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), infrahypoid epiglottis (iv), and ventricular bands or false cords (v).

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Larynx

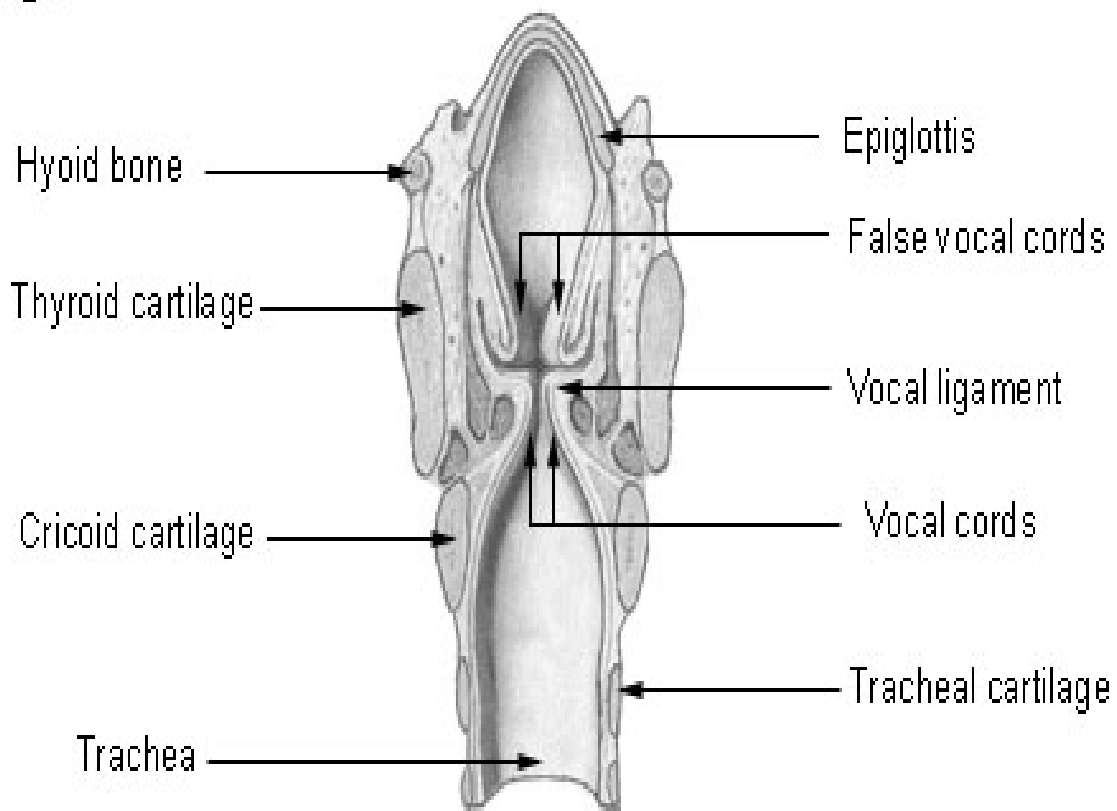
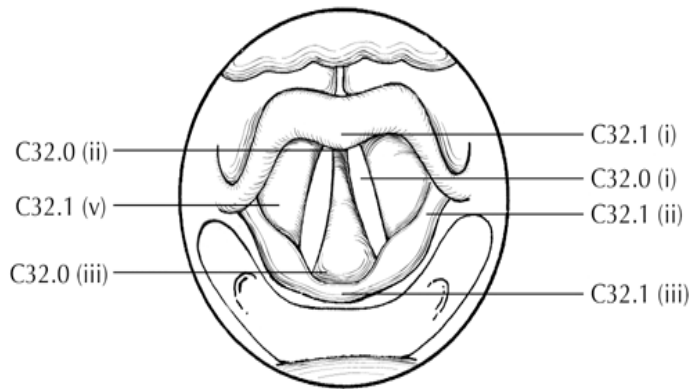


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Larynx

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Anatomical sites and subsites of the larynx. Supraglottis (C32.1) subsites include suprahypoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), arytenoids (iii), and ventricular bands or false cords (v). Glottis (C32.0) subsites include vocal cords (i), anterior commissure (ii), and posterior commissure (iii).

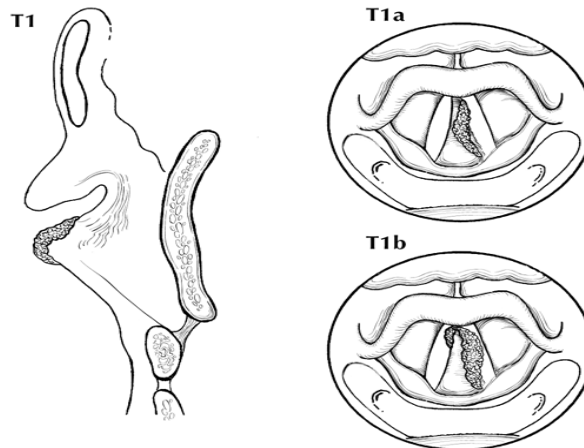
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Glottis



Larynx

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- **T1 tumors of the glottis are limited to the vocal cord(s) with normal mobility (may involve anterior or posterior commissure).**
- **T1a tumors are limited to one vocal cord (top right)**
- **T1b tumors involve both vocal cords (bottom right).**

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Larynx

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T2



T2 tumors of the glottis extend to supraglottis and/or subglottis, or with impaired vocal cord mobility.

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CS Ext

- **30-Tumor involves adjacent regions(s) of larynx**
 - ◆ Subglottis
 - ◆ Supraglottis
 - ◆ False vocal cord(s)
- **35 Impaired vocal cord mobility**



Larynx

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T3



T3 tumors of the glottis are limited to the larynx with vocal cord fixation (shown), and/or invade paraglottic space, and/or minor thyroid cartilage erosion (e.g., inner cortex).

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CS Ext

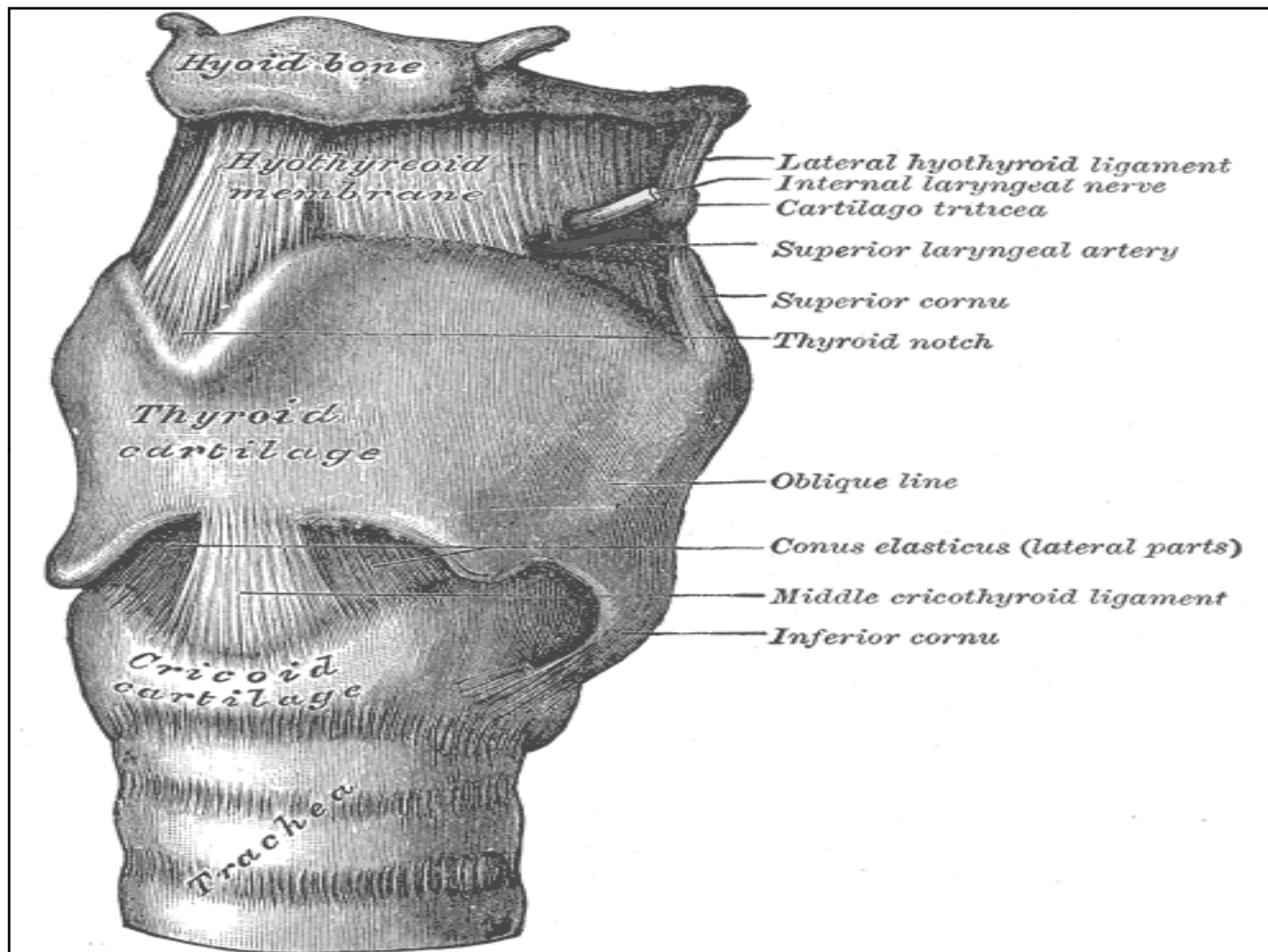
- **40 Tumor limited to larynx WITH vocal cord fixation**
 - ◆ **Involvement of intrinsic muscle(s):**
 - ◆ **Aryepiglottic**
 - ◆ **Corniculate tubercle**
 - ◆ **Cuneiform tubercle**
 - ◆ **Arytenoid**
 - ◆ **Cricoarytenoid**
 - ◆ **Cricothyroid**
 - ◆ **Thyroepiglottic**
 - ◆ **Thyroarytenoid**
 - ◆ **Vocalis**



CS Ext

- **51 Paraglottic space**
- **52 Minor thyroid cartilage erosion
(e.g., inner cortex)**





Larynx

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T4a



T4a tumors of the glottis invade through the thyroid cartilage and/or invade tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus).

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CS Ext

- **60 Base of tongue**
 - ◆ Hypopharynx, NOS
 - ◆ Pre-epiglottic tissues
 - ◆ Postcricoid area
 - ◆ Piriform sinus
 - ◆ Vallecula
- **68 Extension to/through**
 - ◆ Cricoid cartilage
 - ◆ Thyroid cartilage except minor erosion, see code 52



CS Ext

- **70 Extension to/through tissues beyond larynx:**
 - ◆ Extrinsic (strap) muscles
 - ◆ Omohyoid
 - ◆ Sternohyoid
 - ◆ Sternothyroid
 - ◆ Thyrohyoid
 - ◆ Oropharynx
 - ◆ Skin
 - ◆ Soft tissue of neck
 - ◆ Thyroid gland
 - ◆ Trachea



CS Ext

- **71 Cervical esophagus**
- **73 Deep extrinsic muscle(s) of tongue**
- **80 Further contiguous extension, including:**
 - ◆ Mediastinal structures
 - ◆ Prevertebral space
 - ◆ Tumor encases carotid artery



Lymph Nodes



CS Lymph Nodes

Note 1:

- For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2:

- For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.



CS Lymph Nodes

Note 3:

- If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4:

- For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes



CS Lymph Nodes

Code 10

- Single positive ipsilateral regional node:
 - ◆ Level II
 - ◆ Level III
 - ◆ Level IV
 - ◆ Level VI
- Cervical, NOS
- Deep cervical, NOS
- Internal jugular NOS:
- Regional lymph node, NOS
- Stated as N1, NOS



CS Lymph Nodes

Code 11

- Single positive ipsilateral regional node:
 - ◆ Level I
 - ◆ Other groups
 - ◆ Retropharyngeal
 - ◆ Mandibular, NOS



CS Lymph Nodes

Code 12

- Single positive ipsilateral regional node:
 - ◆ Level V node
 - ◆ Level VII node
 - ◆ Upper mediastinum (for other mediastinal nodes see CS Mets at DX)
 - ◆ Other groups
 - ◆ Supraclavicular, NOS (See Note 1)



CS Lymph Node

- 30 Regional lymph nodes as listed in code 10:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple
- 31 Regional lymph nodes as listed in code 11:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple
- 32 Regional lymph nodes as listed in code 12:
 - ◆ Positive ipsilateral node(s), not stated if single or multiple



CS Lymph Nodes

- 40 Regional lymph nodes as listed in code 10:
 - ◆ Positive bilateral or contralateral nodes
- 41 Regional lymph nodes as listed in code 11:
 - ◆ Positive bilateral or contralateral nodes
- 42 Regional lymph nodes as listed in code 12:
 - ◆ Positive bilateral or contralateral nodes



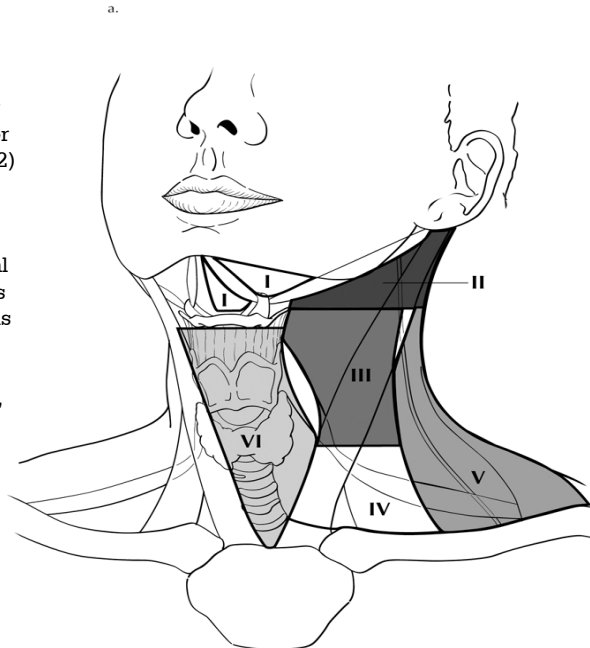
CS Lymph Nodes

- 50 Regional lymph nodes as listed in code 10:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple
- 51 Regional lymph nodes as listed in code 11:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple
- 52 Regional lymph nodes as listed in code 12:
 - ◆ Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple



Introduction to Head and Neck Sites

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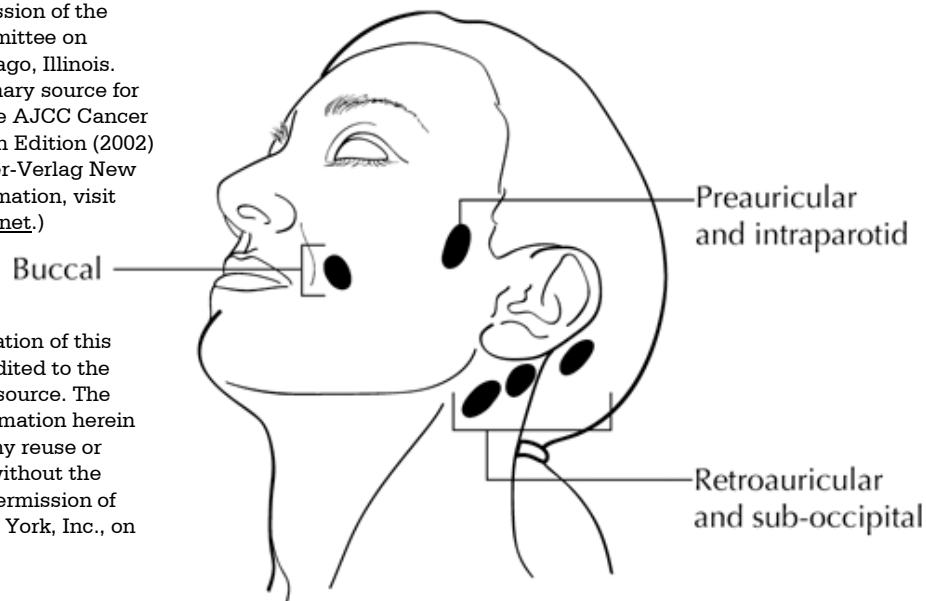
Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

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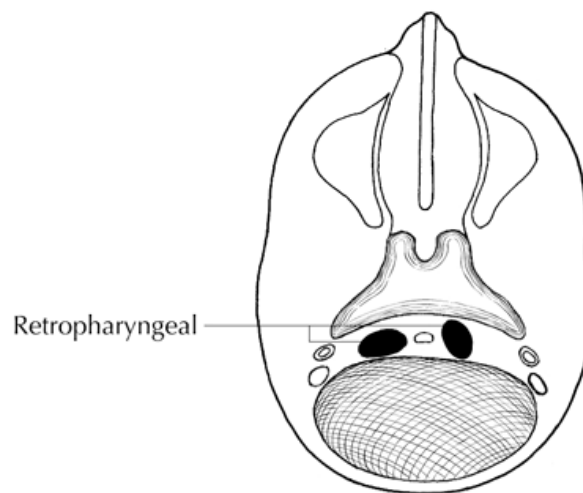


Location of parotid, buccal, retroauricular and occipital nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

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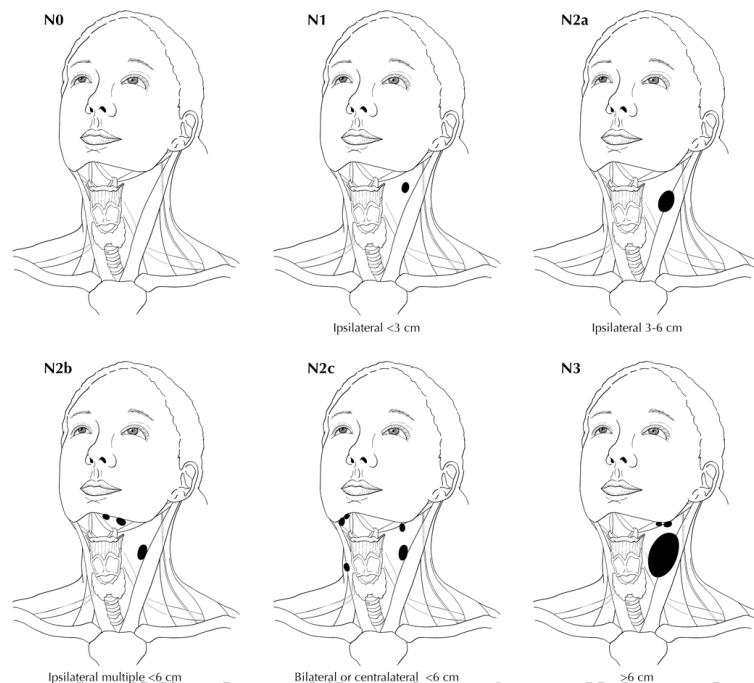


Location of retropharyngeal nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52.
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Regional lymph node (N) classification for all head and neck cancer sites except nasopharynx and thyroid cancers.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

Distant Mets



Distant Mets

- **Common only for patients who have bulky regional lymphadenopathy**
 - ◆ **Lung is the most common site**
 - ◆ **Skeletal and Hepatic less often**
 - ◆ **Mediastinal lymph nodes are considered distant mets**



CS Site-Specific Factor 1 Size of Lymph Nodes

<u>Code</u>	<u>Description</u>
000	No involved regional nodes
001-988	Exact size in millimeters
989	989 mm or larger
990	Microscopic focus
991	Described as less than 1 cm
992	Described as less than 2 cm or greater than 1 cm or between 1 cm and 2 cm



CS Site-Specific Factor 1 Size of Lymph Nodes

<u>Code</u>	<u>Description</u>
993	Described as less than 3 cm or greater than 2 cm or between 2 cm and 3 cm
994	Described as less than 4 cm or greater than 3 cm or between 3 cm and 4 cm



CS Site-Specific Factor 1 Size of Lymph Nodes

<u>Code</u>	<u>Description</u>
995	Described as less than 5 cm or greater than 4 cm or between 4 cm and 5 cm
996	Described as less than 6 cm or greater than 5 cm or between 5 cm and 6 cm
997	Described as more than 6 cm
999	Unknown



CS Site-Specific Factor 2 Extracapsular Extension

Code Description

- | | |
|------------|--|
| 000 | No extracapsular extension |
| 001 | Extracapsular extension
clinically |
| 005 | Extracapsular extension
pathologically |
| 888 | Not applicable; no lymph
node involvement |
| 999 | Unknown |



CS Site-Specific Factors 3-6

- **One digit represents lymph nodes of a single level**
 - ◆ 0 = lymph nodes not involved
 - ◆ 1 = lymph nodes involved
 - ◆ 9 = unknown
- **Code unknown lymph node as 999**
- **Code regional nodes, NOS, as 000**



CS Site-Specific Factor 3

- Record involvement or non-involvement of levels I, II, and III lymph nodes

I

II

III



CS Site-Specific Factor 4

- Record involvement or non-involvement of levels IV, V, and retropharyngeal (RP) lymph nodes

IV

V

RP



CS Site-Specific Factor 5

- Record involvement or non-involvement of levels VI, VII, and facial (F) lymph nodes

VI

VII

F



CS Site-Specific Factor 6

- Record involvement or non-involvement of parapharyngeal (PP), parotid (PA), and suboccipital (S) lymph nodes

PP

PA

S



CS Site-Specific Factors 1-6

Example 11: Path from radical neck dissection for parotid gland primary: 2 metastatic submandibular nodes with extracapsular extension to one node; 3 metastatic posterior cervical nodes, largest malignant node 2.5 cm in diameter.

Primary site: C07.9 Parotid gland

SSF1: 025

SSF4: 010

SSF2: 005

SSF5: 000

SSF3: 100

SSF6: 000



CS Site-Specific Factors 1-6

Example 12: Tonsillectomy path – 1 cm squamous cell carcinoma of tonsillar fossa. CT scan head/neck – swelling to cervical nodes, probably malignant, less than 2 cm in size.

Primary site: C09.0 Tonsillar fossa

SSF1: 992

SSF4: 000

SSF2: 000

SSF5: 000

SSF3: 000

SSF6: 000



CS Site-Specific Factors 3-6

- **One digit represents lymph nodes of a single level**
 - ◆ 0 = lymph nodes not involved
 - ◆ 1 = lymph nodes involved
 - ◆ 9 = unknown
- **Code unknown lymph node as 999**
- **Code regional nodes, NOS, as 000**



CS Site-Specific Factor 3

- Record involvement or non-involvement of levels I, II, and III lymph nodes

I

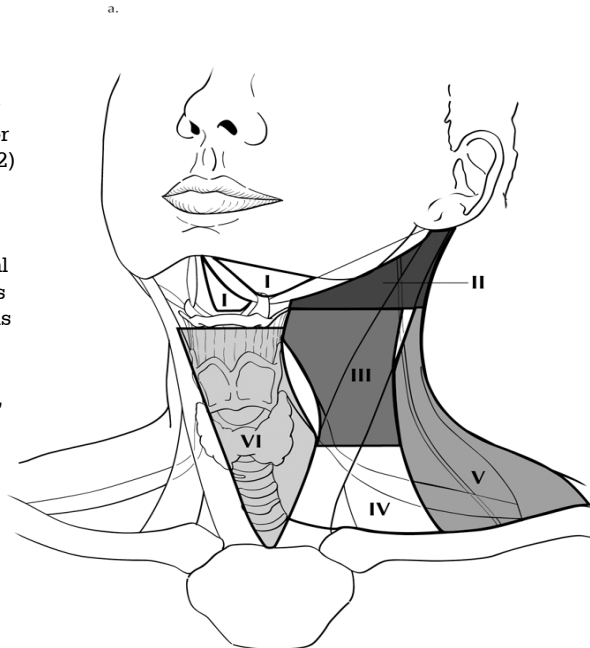
II

III



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Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52.
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CS Site-Specific Factor 4

- Record involvement or non-involvement of levels IV, V, and retropharyngeal (RP) lymph nodes

IV

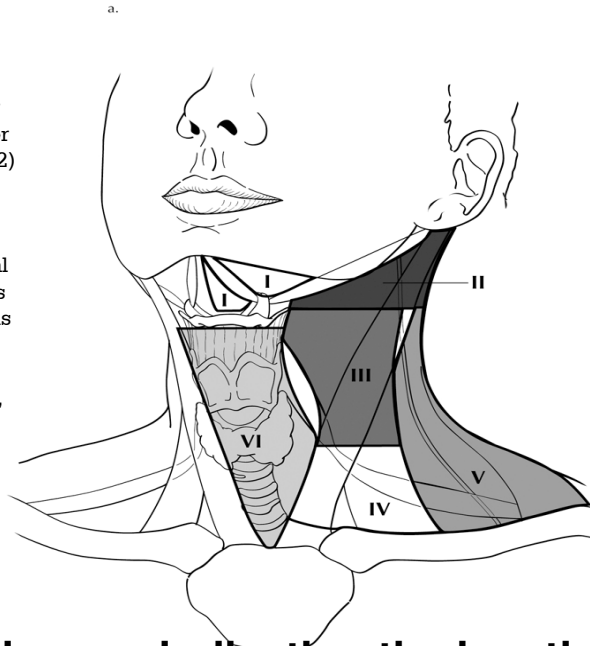
V

RP



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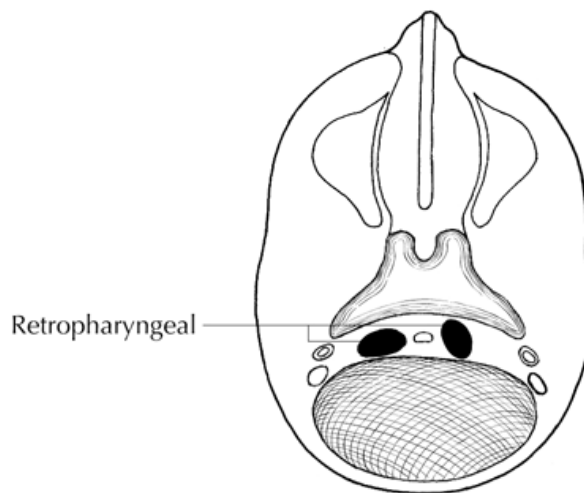


Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

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Location of retropharyngeal nodes.

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CS Site-Specific Factor 5

- Record involvement or non-involvement of levels VI, VII, and facial (F) lymph nodes

VI

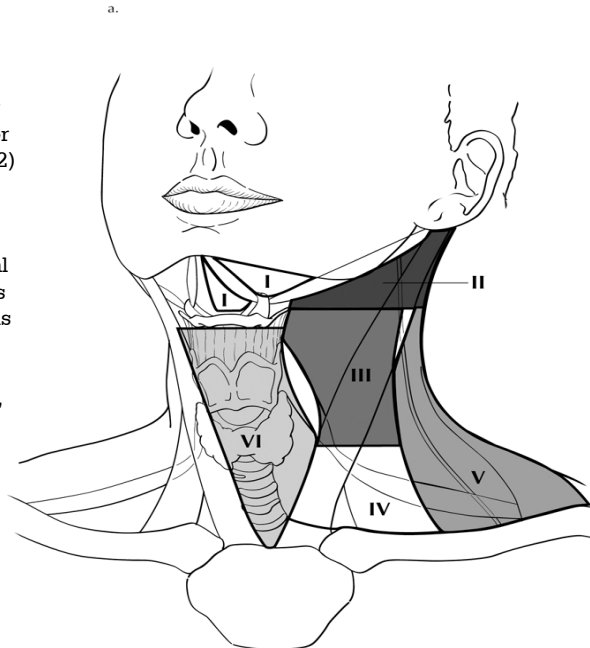
VII

F

NAACCR

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Schematic diagram indicating the location of the lymph node levels in the neck as described in the text.

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CS Site-Specific Factor 6

- Record involvement or non-involvement of parapharyngeal (PP), parotid (PA), and suboccipital (S) lymph nodes

PP

PA

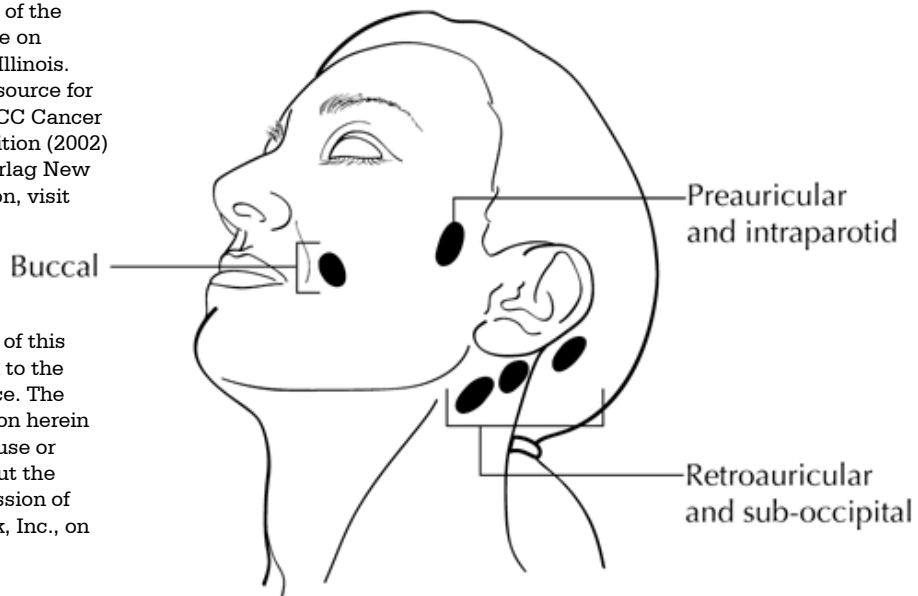
S



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Location of parotid, buccal, retroauricular and occipital nodes.

Credit line: Larynx. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 41-52. ©American Joint Committee on Cancer.

First Course Treatment

Larynx Gland



First Course Treatment

- **Intended to affect tumor by**
 - ◆ **Modification**
 - ◆ **Control**
 - ◆ **Removal**
 - ◆ **Destruction**
- **Includes curative and palliative treatment**



Treatment: Stage I

- **Supraglottis**
 - ◆ External-beam radiation therapy alone.
 - ◆ Supraglottic laryngectomy.
- **Glottis**
 - ◆ Radiation therapy
 - ◆ Cordectomy
 - ◆ Partial or hemilaryngectomy or total laryngectomy
 - ◆ Laser excision
- **Subglottis**
 - ◆ Radiation therapy
 - ◆ Surgery

*Source: National Cancer Institute
www.cancer.org*



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage II

- **Supraglottis**
 - ◆ External-beam radiation therapy
 - ◆ Supraglottic laryngectomy or total laryngectomy,
 - ◆ Postoperative radiation therapy is indicated for positive or close surgical margins.
- **Glottis**
 - ◆ Radiation therapy
 - ◆ Partial or hemilaryngectomy or total laryngectomy
 - ◆ Laser microsurgery
- **Subglottis**
 - ◆ Radiation therapy



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage III

■ Supraglottis

- ◆ Surgery with or without postoperative radiation therapy.**
- ◆ Definitive radiation therapy with surgery for salvage of radiation failures.**
- ◆ Chemotherapy administered concomitantly with radiation therapy**
- ◆ Laryngectomy**



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage III

■ Glottis

- ◆ Surgery with or without postoperative radiation therapy**
- ◆ Definitive radiation therapy with surgery for salvage of radiation failures**
- ◆ Chemotherapy administered concomitantly with radiation therapy**
- Laryngectomy**



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage III

■ Subglottis

- ◆ **Laryngectomy plus isolated thyroidectomy and tracheoesophageal node dissection usually followed by postoperative radiation therapy.**
- ◆ **Radiation therapy alone**



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage IV

■ Supraglottis

- ◆ Total laryngectomy with postoperative radiation therapy.**
- ◆ Definitive radiation therapy with surgery for salvage of radiation failures.**
- ◆ Chemotherapy administered concomitantly with radiation therapy**



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage IV

■ Glottis

- ◆ Total laryngectomy with postoperative radiation therapy.**
- ◆ Definitive radiation therapy with surgery for salvage of radiation failures.**
- ◆ Chemotherapy administered concomitantly with radiation therapy**



*Source: National Cancer Institute
www.cancer.org*

Treatment: Stage IV

■ Subglottis

- ◆ **Laryngectomy plus total thyroidectomy and bilateral tracheoesophageal node dissection usually followed by postoperative radiation therapy.**
- ◆ **Treatment by radiation therapy alone is indicated for patients who are not candidates for surgery.**



Surgery

- **Hemilaryngectomy (30)**
 - ◆ Left or right half of larynx including thyroid cartilage, false cord, ventricle, and true vocal cord.
- **Partial laryngectomy (30)**
 - ◆ Part of thyroid cartilage and corresponding portions of laryngeal mucosa.
- **Supraglottic laryngectomy (33)**
 - ◆ Part of larynx superior to the true vocal cord (transection through the ventricles).
- **Total laryngectomy (41)**
 - ◆ Entire larynx.



Treatment

- **Radiation Therapy**
 - ◆ **Beam Radiation**
 - ◆ **Preferred therapy for early stage disease**
- **Chemotherapy**
- **Hormone Therapy**
- **Other Therapy**



Questions?

