Laryngeal Cancer
Understanding your diagnosis

1 888 939-3333 | cancer.ca
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When you first hear that you have cancer, you may feel alone and afraid. You may be overwhelmed by the large amount of information you have to take in and the decisions you need to make.

“All I could hear was ‘cancer.’ I heard my doctor say something like, ‘We’re going to try and get the surgery done as soon as possible.’ I didn’t hear one word after that.

The introductory information in this brochure can help you and your family take the first steps in learning about laryngeal cancer. A better understanding may give you a sense of control and help you work with your healthcare team to choose the best care for you.

For more information

The information in this brochure provides an introduction to laryngeal cancer. More in-depth information is available on cancer.ca. You can also call our Cancer Information Service at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and the services we offer.
What is cancer?

Cancer is a disease that starts in our cells. Our bodies are made up of trillions of cells, grouped together to form tissues and organs such as muscles and bones, the lungs and the liver. Genes inside each cell order it to grow, work, reproduce and die. Normally, our cells obey these orders and we remain healthy.

But sometimes the instructions in some cells get mixed up, causing them to behave abnormally. These cells grow and divide uncontrollably. After a while, groups of abnormal cells form lumps, or tumours.

Tumours can be either benign (non-cancerous) or malignant (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening. Malignant tumour cells are able to invade nearby tissues and spread to other parts of the body. It’s important to find and treat malignant tumours as early as possible. In most cases, finding cancer early increases the chances of successful treatment.

Cancer cells that spread to other parts of the body are called metastases. The first sign that a malignant tumour has spread (metastasized) is often swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

Cancers are named after the part of the body where they start. For example, cancer that starts in the larynx but spreads to the lungs is called laryngeal cancer with lung metastases.
What is laryngeal cancer?

Laryngeal cancer starts in the cells that line the larynx (sometimes called the voice box). The larynx is a tube, about 5 cm long, that connects the back of the throat to the trachea (also called the windpipe). Two bands of muscle in the middle of the larynx – the vocal cords – make the sound of your voice. The front of the larynx is protected by thyroid cartilage, a layer of tough, flexible tissue (sometimes called the Adam’s apple).

The larynx plays an important role in breathing, swallowing and talking.

- Breathing: As you breathe in, your vocal cords open and air moves from the back of your throat through the larynx down the trachea to your lungs.
- Swallowing: At the top of the larynx is a flap that covers the opening of the larynx when you swallow. This keeps food out of your lungs and allows it to move through the esophagus to the stomach.
- Talking: The sound of your voice is made in the larynx. When you talk, the vocal cords tighten and move closer together. The air that you breathe out moves through the vocal cords, making them vibrate. You control the amount of air passing through the cords to speak, sing or shout. Your tongue, lips and teeth help change the sound into words.
Laryngeal cancer can start anywhere in the larynx, but it most often starts in the middle part of the larynx where the vocal cords are found. Cancers that start below the vocal cords are less common.

Diagnosing laryngeal cancer

Your doctor may suspect you have laryngeal cancer after taking your medical history and doing a physical examination. To confirm the diagnosis, your doctor will arrange special tests. These tests may also be used to “stage” the cancer and to help plan treatment.

Symptoms of laryngeal cancer: Most laryngeal cancers start on or near the vocal cords. Laryngeal cancer is often diagnosed in its early stages because even a very small tumour can stop the vocal cords from vibrating properly. This can cause your voice to change. Sometimes, the tumour may start in a part of the larynx that is not close to the vocal cords. Then the first sign may be difficulty swallowing or a lump in the throat or neck.
The most common signs and symptoms of laryngeal cancer include:

- changes to the voice, such as a hoarse or weak voice, lasting more than a few weeks
- a sore throat lasting more than a few weeks
- feeling that something is stuck in the throat
- difficulty or pain when swallowing
- a cough that doesn’t go away
- ear pain
- difficulty breathing or noisy breathing
- weight loss

Other health problems can cause some of the same symptoms. The process of diagnosis may seem long and frustrating, but it is important for the doctor to make sure there are no other possible reasons for a health problem.

Your doctor will do one or more of the following tests to make a diagnosis.

**Laryngoscopy:** Laryngoscopy uses a thin, flexible tube with a light at the end (called a laryngoscope) to check your throat and larynx. The doctor inserts the tube through your nose or mouth. During a laryngoscopy, you may be given a mild anesthetic (freezing) and a mild sedative to help you relax. Your throat will be sore afterwards. This is normal and should disappear after a couple of days.

**Biopsy:** If an abnormal area is found during a laryngoscopy, the doctor can take several samples of tissue through the laryngoscope to check them under a microscope. This is called a biopsy. A biopsy is usually necessary
to make a definite diagnosis of cancer. If the cells are cancerous, they may be studied further to see how fast they are growing.

You may need a general anesthetic (you will be unconscious) if tissue samples are taken.

**Imaging studies:** Imaging studies allow tissues, organs and bones to be looked at in more detail. Using x-rays, CT scans, PET scans or MRIs, your healthcare team can get a picture of the size of the tumour and see if it has spread. These tests are usually painless and do not require an anesthetic.

**Further testing:** Your doctor may order more tests to find out if the cancer has spread and to help plan your treatment.

**Will I be okay?**

Most people with cancer want to know what to expect. Can they be cured?

A prognosis is your doctor’s best estimate of how cancer will affect you and how it will respond to treatment. A prognosis looks at many factors, including:

- the type, stage and grade of cancer
- the location of the tumour and whether it has spread
- your age, sex and overall health

Even with all this information, it can still be very hard for your doctor to say exactly what will happen. Each person’s situation is different.

Your doctor is the only person who can give a prognosis. Ask your doctor about the factors that affect your prognosis and what they mean for you.
**Staging**

Once a definite diagnosis of cancer has been made, the cancer is given a stage. This information helps you and your healthcare team choose the best treatment for you.

The cancer stage describes the tumour size and tells whether it has spread.

For laryngeal cancer, there are 5 stages.*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>This is a very early stage. Cancer is found only in the cells lining the larynx. Stage 0 is also called carcinoma in situ.</td>
</tr>
<tr>
<td>1</td>
<td>The tumour is small and is in only one area of the larynx. The tumour may be a lump or a small area of abnormal cells.</td>
</tr>
<tr>
<td>2</td>
<td>The tumour is larger and has spread to more than one area of the larynx. The cancer cells have not spread to lymph nodes or areas outside the larynx.</td>
</tr>
<tr>
<td>3</td>
<td>The tumour is larger and stops the vocal cords from working or may cause noisy breathing, or the cancer cells have spread to nearby lymph nodes.</td>
</tr>
<tr>
<td>4</td>
<td>The cancer cells have spread to nearby tissues of the neck, such as the esophagus, trachea or thyroid gland. They may also have spread to lymph nodes or other parts of the body.</td>
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* This table summarizes the stages of laryngeal cancer according to the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC). For more in-depth information, visit cancer.ca.
Treatments for laryngeal cancer

Your healthcare team considers your general health and the type and stage of the cancer to recommend the best treatments for you. You’ll work together with your healthcare team to make the final treatment choices. Talk to them if you have questions or concerns.

See your dentist before starting treatment

Some treatments for laryngeal cancer may make your mouth sensitive and put you at a higher risk of infection. It’s important to have a dental exam and get any necessary dental work done before you start treatment.

For laryngeal cancer, you might receive one or more of the following treatments.

Radiation therapy: External beam radiation therapy is the most common treatment for laryngeal cancer. A machine is used to carefully aim a beam of radiation at the tumour. The radiation damages the cells in the path of the beam – normal cells as well as cancer cells.

Small tumours may be cured by treating them with radiation only. For larger tumours, external radiation is often used together with chemotherapy.

You may have a mask made especially for you before treatment starts. You’ll wear this custom-made mask for treatment planning and for all radiation treatments. Wearing it helps make sure you’re in the exact same position for every treatment and helps keep your head and neck from moving during treatment.
Radiation therapy works better if you avoid tobacco

To get the most out of radiation treatment for laryngeal cancer, experts suggest that you:

- Quit smoking, if you’re a smoker.
- Avoid second-hand smoke.

Side effects of radiation will be different depending on what part of the head or neck receives the radiation. You may feel more tired than usual or notice changes to the skin (it may be red or tender) where the treatment was given.

Radiation for laryngeal cancer may make your mouth and throat dry and sore. This can make it hard to swallow. If your throat becomes too sore for you to eat or you lose too much weight, you may need a feeding tube until you can eat and drink on your own. The feeding tube is placed in your nose or your stomach to give you liquids and nutrients. It’s usually temporary.

You may also notice changes to your voice and your senses of taste and smell.

These side effects are a result of damage to normal cells. The side effects usually go away when treatment is over and the normal cells repair themselves. A few side effects, such as a dry mouth, can last a long time.
**Surgery:** A decision to have surgery depends on the size of the tumour and where it is. During the operation, all or part of the tumour and some healthy tissue around the tumour are removed. Surgery is done under general anesthetic (you will be unconscious), and you will stay in the hospital for several days after the surgery. After surgery, you may have some pain or bleeding. These side effects are temporary and can be controlled.

An operation to remove all or part of the larynx is called a laryngectomy. The surgeon may also remove nearby lymph nodes in the neck. Sometimes, the thyroid gland is also removed.

For a partial laryngectomy, the surgeon removes the part of the larynx affected by the tumour. Usually one or both of the vocal cords remain so that you can still speak. Your voice may be different than it was before.

For a total laryngectomy, the surgeon removes the entire larynx. A tracheostomy is done at the same time to create an opening in the lower part of the neck for you to breathe through. Air enters and leaves the trachea and the lungs through the opening (called a stoma). This opening is permanent. After a total laryngectomy, you have to learn to speak in a different way.

For the first few days after surgery, you are given liquids through an intravenous (IV) drip into a vein. You may also need a feeding tube in your nose or your stomach to give you liquids and nutrients until you can eat and drink on your own.
It’s important to discuss your operation with your surgical team before the surgery so that you know what to expect and how it will affect you. If both your vocal cords have to be removed, a speech pathologist will talk to you before the operation about the different ways you can learn to speak again.

**Laser surgery**: Laser surgery uses an intense, narrow beam of light to remove cancerous tissue with little or no damage to surrounding healthy tissue. It is usually done under general anesthetic. Laser surgery may be used for very small laryngeal tumours. Laser surgery may not be available at all cancer centres or hospitals.

**Chemotherapy**: For laryngeal cancer, chemotherapy is most commonly used with radiation therapy for large tumours and tumours that have spread to the lymph nodes.

Chemotherapy may be given as pills or by injection. Chemotherapy drugs interfere with the ability of cancer cells to grow and spread, but they also damage healthy cells. Although healthy cells can recover over time, you may have side effects from your treatment like nausea, vomiting, a sore mouth, hair loss and an increased risk of infection.

*For more information on treatment*, you may want to read our booklets *Chemotherapy and Other Drug Therapies* and *Radiation Therapy*. 
**Clinical treatment trials**: Clinical treatment trials investigate new approaches to treating cancer such as new drugs, new types of treatments or combinations of existing treatments. They are closely monitored to make sure that they are safe for the participants. Ask your doctor if there is a clinical trial suitable as a treatment option for you. You may benefit and so may future cancer patients.

*Our booklet* *Clinical Trials* has more information, including how to find a clinical trial.

**Complementary therapies**: Complementary therapies – for example, massage therapy or acupuncture – are used *together with* conventional cancer treatments, often to help ease tension and stress as well as other side effects of treatment. They don’t treat the cancer itself. More research is needed to understand if these therapies are effective and how they work.

Alternative therapies are used *instead of* conventional treatments. Alternative therapies haven’t been tested enough for safety or effectiveness. Using alternative treatments alone for cancer may have serious health effects.

If you’re thinking about using a complementary or alternative therapy, find out as much as you can about the therapy and talk to your healthcare team. It’s possible that the therapy might interfere with test results or other treatments.

*Our booklet* *Complementary Therapies* has more information.
**Side effects of treatment:** Some cancer treatments cause side effects, such as fatigue, hair loss or nausea. Because treatments affect everyone differently, it’s hard to predict which side effects – if any – you may have.

Side effects can often be well managed and even prevented. If you’re worried about side effects, tell your healthcare team about your concerns and ask questions. They can tell you which side effects you should report right away and which ones can wait until your next appointment.

If you notice any side effects or symptoms that you didn’t expect, talk to a member of your healthcare team as soon as possible. They’ll help you get the care and information you need.
After treatment

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you’re worried about your treatment ending, talk to your healthcare team. They are there to help you through this transition period.

Follow-up care helps you and your healthcare team monitor your progress and your recovery from treatment. At first, your follow-up care may be managed by one of the specialists from your healthcare team. Later on, it may be managed by your family doctor.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first year after treatment and less often after that. During your follow-up appointments, your doctor checks your neck and throat. Sometimes, laryngeal cancer treatments can also affect your thyroid gland. You may have a blood test to see if your thyroid is working properly.

After treatment has ended, you should report new symptoms and symptoms that don’t go away to your doctor without waiting for your next scheduled appointment.

After being treated for laryngeal cancer, you may face some challenges, such as learning to swallow, eating well, living with a stoma and learning to speak again. Your healthcare team can help you adapt to these changes and help you return to your normal activities as soon as possible.
Learning to swallow: Treatment may affect your ability to swallow. If you have problems with swallowing, you may need to learn a new way to do it. A speech pathologist can teach you the method that should work best for you.

Maintaining a healthy diet: You may find it hard to eat because it’s hard to swallow or because your mouth is dry or sore. Your senses of smell and taste may have changed. If your mouth is dry, try eating thick soups, puddings, milkshakes and soft foods moistened with sauce or gravy. If you don’t have much appetite, you may find it easier to eat several small meals and snacks throughout the day, rather than eating 3 large meals. It’s important to eat well so that you get enough calories and protein to control weight loss and maintain your strength during and after your cancer treatments.

Our booklet *Eating Well When You Have Cancer* has more information and tips that may help during cancer treatment and recovery.

Your doctor, dietitian or nutritionist can give you more information about how to maintain a healthy diet.

Taking care of your mouth after treatment
Caring for your mouth is very important. Keeping the mouth clean and moist prevents irritation and infection. Your healthcare team will tell you how and when to clean and rinse your mouth and what to use.
Living with a stoma: The thought of living with a stoma can be stressful. You may be worried about how you look or how others feel about you. It can help to talk about your feelings with your partner, another close family member or a friend.

If you have a stoma, your healthcare team will show you how to care for it. Most people with stomas return to their regular daily activities. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of laryngeal cancer treatment.

Learning to speak after surgery: Treatment may affect your ability to speak. Within a week or so after a partial laryngectomy, you should be able to talk the same way you did before. Your voice may be slightly different (hoarser or huskier than before). After a total laryngectomy, you will need to learn to speak in a different way. Before your surgery, a speech pathologist will talk to you about the different ways you can learn to speak. You may find it helpful to meet (or see a video of) someone else who had a similar operation. Tell your healthcare team about your fears and concerns. They are there to help you.
Self-image and sexuality: It’s natural to be concerned about the effects of laryngeal cancer and its treatment on your self-image. You may be worried about how your body looks after treatment, about having sex with a partner or that you may be rejected.

Some people may feel uncomfortable if they have a stoma – it can change how you look, your speech and your breathing. It can take more effort to speak, and your voice may lose some of its emotion. If a hand-held speaking device is used, communication can be awkward and distracting during sex.

It may help to talk about these feelings with someone you trust. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of laryngeal cancer treatment.

Our booklet Sexuality and Cancer has more detailed information.
Living with cancer

Our booklet *Living with Cancer* has more detailed information and resources.

Many sources of help are available for people with cancer and for their caregivers.

**Your healthcare team**: If you need practical help or emotional support, members of your healthcare team may be able to suggest services in your community or refer you to cancer centre staff or mental health professionals.

**Family and friends**: People closest to you can be very supportive. Accept offers of help. When someone says, “Let me know how I can help,” tell them what they can do. Maybe they can run errands, cook a meal or give you a ride to your doctor’s office.

**People who’ve had similar experiences**: Talking with and learning from others who’ve had similar experiences can be helpful. Consider visiting a support group or talking with a cancer survivor in person, over the telephone or online. Try more than one option to see which one works best for you.

**Yourself**: Coping well with cancer doesn’t mean that you have to be happy or cheerful all the time. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically. Take some time to find coping strategies to help you through this experience. You may also want to talk to a counsellor for more help.
Talking to someone who’s been there

If you would like to talk to someone who’s had a similar cancer experience, we can help. Let us connect you with a volunteer who can listen, provide hope, offer encouragement and share ideas for coping—all from the unique perspective of someone who’s “been there.”

To find out more about what’s available in your area, you can:
- Call us toll-free Monday to Friday at 1-888-939-3333 (TTY 1-866-786-3934).
- Email info@cis.cancer.ca.
- Visit cancer.ca.

Want to connect with someone online?

If you’d like to connect with someone online, join our online community, CancerConnection.ca. There are discussions and groups that may interest you, and you’ll find caring, supportive people there.

What causes laryngeal cancer?

There is no single cause of laryngeal cancer, but some factors increase the risk of developing it. Some people can develop laryngeal cancer without any risk factors, while others who have these factors do not get it.

Risk factors for laryngeal cancer include:
- smoking, especially if you also drink alcohol
- drinking alcohol, especially if you also smoke
- exposure to asbestos
- exposure to sulphuric acid mist
Canadian Cancer Society
We’re here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

**Call our toll-free number 1 888 939-3333.**

**Ask** a trained cancer information specialist your questions about cancer. Call us or email info@cis.cancer.ca.

**Connect** with people online to join discussions, get support and help others. Visit CancerConnection.ca.

**Browse** Canada’s most trusted online source of information on all types of cancer. Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

**Tell us what you think**
Email cancerinfo@cancer.ca and tell us how we can make this publication better.
What we do

The Canadian Cancer Society fights cancer by:

• doing everything we can to prevent cancer
• funding research to outsmart cancer
• empowering, informing and supporting Canadians living with cancer
• advocating for public policies to improve the health of Canadians
• rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer and our services or to make a donation.

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