



Canadian
Cancer
Society

Laryngeal Cancer

Understanding your diagnosis



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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 start your treatment as soon as possible.’ I didn’t hear one word after that.* ”

The 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 feeling of control and help you work with your healthcare team to choose the best care for you.

For more information

You can find more in-depth information about laryngeal cancer on cancer.ca. Or call us at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and services near you.

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, bones, the lungs and the liver. Genes inside each cell tell it when to grow, work, divide and die. Normally, our cells follow these instructions and we stay healthy.

But sometimes the cells grow and divide out of control. After a while, a group of abnormal cells forms a lump (called a tumour).

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

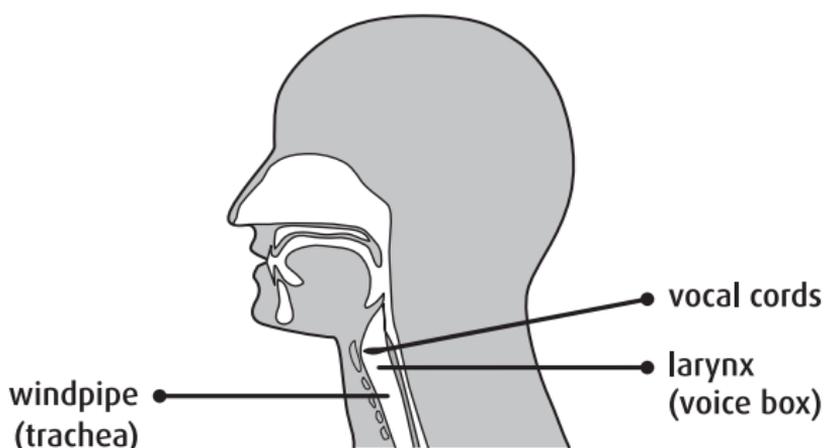
Cancers are named after the part of the body where they start. If cancer spreads to other parts of the body (called metastasis), the cancer still has the same name. For example, cancer that starts in the larynx but spreads to the lungs is called laryngeal cancer with lung metastases.

What is laryngeal cancer?

Laryngeal cancer starts in the cells of the larynx (voice box). The larynx plays an important role when we breathe, swallow and speak.

The larynx is part of the respiratory system. It is the tube that connects the throat to the windpipe (trachea). The vocal cords are 2 bands of muscle in the middle of the larynx that make sounds and help you speak. The larynx helps keep food and fluids from entering the windpipe.

Location of the Larynx



Diagnosing laryngeal cancer

Your doctor may suspect you have laryngeal cancer after hearing about your symptoms, taking your medical history and doing a physical exam.

Symptoms: The most common signs and symptoms of laryngeal cancer include:

- voice changes including hoarseness and a weak voice lasting longer than a few weeks
- a constant sore throat
- feeling that something is stuck in the throat
- swallowing that is difficult or painful
- a cough
- ear pain
- trouble breathing
- noisy breathing
- a lump that can be felt in the neck
- foul-smelling breath
- weight loss

You may feel frustrated that it's taking a long time to make a diagnosis, but other health problems can also cause these symptoms. To find out for sure if you have laryngeal cancer, your doctor will do one or more of the following tests. These tests may also be used to help plan treatment.

Imaging tests: The healthcare team uses x-rays, CT scans, MRIs or bone scans to look at your tissues, organs and bones in more detail. They can see the size of the tumour and if it has spread. These tests are usually painless, so you don't need a local anesthetic (freezing).

Laryngoscopy: Laryngoscopy uses a tube with a light at the end that lets the doctor look at the larynx and the vocal cords at the back of the throat. The tube is inserted through your nose or mouth. During a laryngoscopy you may be given a mild anesthetic to freeze the area and a mild sedative to help you relax. Your throat will be sore for a couple of days.

Biopsy: A biopsy is usually needed to make a definite diagnosis of cancer. Cells are taken from the body and checked under a microscope. If the cells are cancerous, they will be studied to see how fast they are growing.

A biopsy can be taken during a laryngoscopy. This biopsy is usually done in an operating room with a general anesthetic (a drug that puts you into a deep sleep so you don't feel pain).

Blood tests: Blood is taken to see if the blood cells are normal. Blood tests can also show how well your organs are working and may suggest whether you have cancer and if it has spread.

Further testing: Your doctor may order other tests to diagnose the cancer, see if it has spread or help plan your treatment.

Will I be OK?

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. It looks at many factors including:

- the stage and grade of the cancer
- the location of the tumour and whether the cancer has spread
- your 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 and grading

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

Staging is a way to describe or classify the cancer. Staging of laryngeal cancer describes how far the tumour has grown into the tissues around it. Staging also describes whether cancer cells are found in any lymph nodes and if the cancer has spread to other parts of the body.

Staging for laryngeal cancer depends on which area of the larynx has cancer. Usually each stage is given a number from 0 to 4. Generally, the higher the number, the more the cancer has spread.

A **grade** is given based on how the cancer cells look and act compared with normal cells. To find out the grade of a tumour, a biopsy sample is looked at under a microscope.

Usually, laryngeal cancer tumours are given a grade from 1 to 4. The lower the number, the lower the grade.

Low grade means that the cancer cells look and act much like normal cells. They tend to be slow growing and are less likely to spread.

High grade means that the cancer cells look and act less normal, or more abnormal. They tend to grow more quickly and are more likely to spread.

Treatments for laryngeal cancer

Your healthcare team considers your general health and the stage and grade 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.

You might receive one or more of the following treatments.

Radiation therapy: In external beam radiation therapy, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages cells that are in the path of the beam - both cancer cells and normal cells.

Radiation therapy is often combined with chemotherapy to treat laryngeal cancer. This is called chemoradiation.

The side effects of radiation therapy depend on what part of the body receives the radiation. You may feel more tired than usual, have a dry or sore mouth, have trouble swallowing or notice that food tastes different. Your skin may be red or tender where the treatment was given.

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. If the larynx needs to be removed, the end of the windpipe will be attached to an opening in your neck. The opening is called a stoma or tracheostomy. If part of the larynx is removed, you may have a temporary stoma. If all of the larynx is removed, you will have a permanent stoma.

Surgery is done under a general anesthetic. You may stay in the hospital for several days or longer after the surgery. After surgery, you may have some pain, swallowing problems, voice changes, difficulty breathing and a change in your sense of smell.

Chemotherapy: Chemotherapy uses drugs to treat cancer. Chemotherapy drugs may be given as pills or injected with a needle into a vein. They damage cancer cells, but they also damage some normal cells. Although normal cells usually recover over time, you may have side effects from your treatment, like nausea, vomiting, loss of appetite, fatigue, hair loss or an increased risk of infection.

Chemotherapy is often combined with radiation therapy to treat laryngeal cancer.

Targeted therapy: Targeted therapy uses drugs to target specific molecules (such as proteins) on the surface of cancer cells. These molecules help send signals that tell cells to grow or divide. By targeting these molecules, the drugs stop the growth and spread of cancer cells while limiting harm to normal cells.

Because targeted therapy doesn't usually damage healthy cells, it tends to cause fewer and less severe side effects than other treatments. Flu-like symptoms and fatigue are common side effects of many targeted therapy drugs.

For more information on treatment, you may want to read our booklets *Chemotherapy and Other Drug Therapies* (including targeted therapy) and *Radiation Therapy*.

Clinical trials: Clinical trials test new ways to treat cancer, such as new drugs, types of treatments or combinations of treatments. They provide information about the safety and effectiveness of new approaches to see if they should become widely available. Ask your doctor if any clinical trials are available as a treatment option for you.

Our brochure *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 that are widely used in Canada. Complementary therapies are often used to help ease tension, stress and 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.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might affect other treatments or test results.

Alternative therapies are used *instead of* conventional cancer treatments. Alternative therapies haven't been tested enough for safety or effectiveness. Using only alternative treatments for cancer may have serious health effects. Talk to your healthcare team before you try an alternative therapy.

Our booklet *Complementary Therapies* has more information.

Side effects of treatments

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 as soon as you can and which ones can wait until your next visit.

If you notice any side effects 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.

Living with cancer

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

Our booklet *Coping When You Have Cancer* has more detailed information and resources.

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 drive you to your doctor’s office.

People who’ve had a similar experience: 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 ways to cope. 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, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the unique perspective of someone who's been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with people online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups, get support and help others at the same time. You'll find caring, supportive people there.

After treatment

Follow-up care helps you and your healthcare team follow your progress and your recovery from treatment. At first, you may see one of the specialists from your healthcare team for follow-up care. Later on, you may see 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. You should tell your doctor as soon as you can about new symptoms or symptoms that don't go away. Don't wait for your next scheduled visit.

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 can help you through this transition period.

Living with a stoma: The thought of living with a stoma can be frightening and stressful at first.

You will be taught how to care for the stoma after surgery and offered support and advice after you leave the hospital.

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.

Eating well: After treatment for laryngeal cancer, you may need to make changes to your diet and your eating habits. It may be hard to get enough vitamins and minerals. Sometimes it's easier to eat more small meals and snacks throughout the day, rather than eating 3 large meals. Getting enough calories and protein will help you stay at a healthy weight and maintain your strength during and after your cancer treatments.

Your doctor or dietitian can give you more information about supplements and how to keep a healthy diet.

Self-esteem, body image and sexuality:

It's natural to worry about the effects of laryngeal cancer and its treatment on your self-esteem, body image and sexuality. The cancer and its treatment may cause scars, hair loss or skin changes. You may be worried about how you look with a stoma, about having sex with a partner or that you may be rejected. 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.

Speech and swallowing problems: Surgery or radiation therapy for laryngeal cancer can cause problems with speech and swallowing. A speech therapist can help you with changes in your voice, speaking and swallowing.

Tooth decay: You may have tooth decay because radiation therapy for laryngeal cancer can damage the salivary glands so they do not produce as much saliva. A dental checkup is often done before treatment starts. After treatment, good mouth care is important to prevent problems, and your healthcare team will often recommend regular visits to the dentist.

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 cancer without any risk factors, while others have some of these factors but do not get cancer.

Smoking tobacco is the main risk factor for developing laryngeal cancer. Drinking alcohol is another risk factor. The risk is much higher for people who both smoke tobacco and drink alcohol.

Other risk factors include breathing in asbestos and coming into contact with sulphuric acid mist at work.

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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