

Laryngeal Cancer

Information for people with cancer

This information should not be used to diagnose yourself or in place of a doctor's care.

Laryngeal cancer is cancer of the larynx. The larynx, also called the voice box, is located just above your trachea (also called the windpipe).

The larynx has three parts:

- **Glottis:** Has two “true” vocal cords. These are narrow bands that vibrate to make sound. Our tongue, mouth and lips turn that sound into words.
- **Supraglottis:** Area from the vocal cords to the base of the tongue.
- **Subglottis:** Area between vocal cords and top of trachea.

Image of larynx: visualsonline.cancer.gov/retrieve.cfm?imageid=9257&dpi=72&fileformat=jpg

If laryngeal cancer is found and treated early, it is very curable. This type of cancer grows slowly.

Laryngeal cancer may also be called:

- Throat cancer.
- Cancer of the voice box or vocal cords.
- Cancer of the glottis or subglottis.
- Glottic cancer.
- Supraglottic cancer.
- Larynx cancer or cancer of the larynx.

Diagnosis and Staging

What are the signs and symptoms of laryngeal cancer?

The most common symptom is voice hoarseness (“raspy” voice) or a change in your voice that does not go away. Other symptoms of laryngeal cancer are also symptoms of other things.

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If any of the following symptoms last for more than a few weeks, please see your family doctor or nurse practitioner:

- Lump or swelling in your throat.
- Pain when you swallow.
- Trouble swallowing.
- Earache (pain in your ear).
- Cough.
- Trouble breathing.

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

How is laryngeal cancer diagnosed?

Tests that may help diagnose laryngeal cancer:

- **Physical exam.**
- **Exam by head and neck specialist (otolaryngologist):** Doctor will use a mirror (indirect laryngoscopy) or an endoscope (thin tube with a light and camera at the end) to look down your throat.
- **Biopsy:** This is when a doctor takes a sample of your tissue. A specialty doctor (pathologist) examines the tissue for cancer. The biopsy is usually done under general anaesthetic (when you are “put under”).
- **Imaging:** to see the tumour and check if the cancer has spread.
 - X-rays.
 - CT (computed tomography) scan.
 - MRI (Magnetic Resonance Imaging).
 - PET (Positron Emission Tomography) scan.
 - Ultrasound.

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For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: bccancer.libguides.com/pathfinder-screening

What are the types of laryngeal cancer?

Most laryngeal cancers are carcinomas. These are cancers that start in the cells that line the larynx (squamous cells). How the cancer grows depends on where it starts.

The most common type of laryngeal cancer is cancer of the vocal cords (glottis). These usually grow slowly. In the early stage, they do not usually spread to other parts of the body.

Cancers of the subglottis are rare. Only 1-8% (1-8 out of 100) of all laryngeal cancers are this type. This type of cancer is most likely to spread to other parts of the body in the early stages.

Cancers of the supraglottis are also rare. They are likely to spread, usually to the lymph nodes in the neck.

What are the stages of laryngeal cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

Cancer that starts above the vocal cords (supraglottis)

- **Stage 1:** The cancer is in one part of the supraglottis.
- **Stage 2:** One of the following:
 - The cancer is in two parts of the supraglottis.
 - The cancer has grown into the vocal cords.

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- The cancer has grown into tissue just outside the supraglottis.
- **Stage 3:** One of the following:
 - Cancer is only in the larynx but vocal cords cannot move (vocal cord fixation) or cancer has grown into areas near the larynx and vocal cords may not move.
 - Cancer has spread to one nearby lymph node on the same side of the neck as the original tumour. Lymph node is not larger than 3 cm.

Cancer that starts in the vocal cords (glottis)

- **Stage 1:** Cancer is only in the vocal cords.
- **Stage 2:** Cancer has grown into the top of the larynx above the vocal cords, the bottom of the larynx below the vocal cords or both. Vocal cords do not move normally.
- **Stage 3:** One of the following:
 - Cancer is only in the larynx but vocal cords cannot move (vocal cord fixation) or cancer has grown into areas near the larynx and vocal cords may not move.
 - Cancer has spread to one nearby lymph node on the same side of the neck as the original tumour. Lymph node is not larger than 3 cm.

Cancer that starts below the vocal cords (subglottis)

- **Stage 1:** Cancer is only in the subglottis.
- **Stage 2:** Cancer has grown into the vocal cords. Vocal cords may not move normally.
- **Stage 3:** One of the following:
 - Cancer is only in the larynx but vocal cords cannot move.
 - Cancer has spread to one nearby lymph node on the same side of the neck as the original tumour. Lymph node is not larger than 3 cm.

Stage 4 laryngeal cancers

- This is the same for all cancers that start in the larynx.
- Stage 4 laryngeal cancers can be Stage 4A, 4B or 4C depending on these things:
 - Which nearby areas the cancer has grown into.

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- The number and size of the lymph nodes with cancer.
- If the cancer has grown outside lymph nodes (extranodal extension).
- If the lymph nodes are on the same side or opposite side of the neck as the original cancer, or on both sides of the neck.
- If the cancer has spread to other parts of the body farther from the larynx (called distant metastasis).

For more information on staging, see our About Cancer page:

bccancer.bc.ca/health-info/types-of-cancer/about-cancer

What are the grades of laryngeal cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing. A pathologist will give the cancer a grade after looking at the cells under a microscope. Laryngeal cancer can be grade 1, 2, 3 or 4. The lower the number, the lower the grade.

Low grade: cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

High grade: cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

The grade of the cancer can help your health care team plan your treatment.

Treatment

What is the treatment for laryngeal cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different from what is listed here.

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Treatment for laryngeal cancer depends on the type of cancer, the size and stage of the cancer, how old you are, and if you have any other medical conditions.

Radiation Therapy (uses high energy x-rays to kill or shrink cancer)

- Preferred treatment for early stage laryngeal cancer.
- The type of radiation you get will depend on your specific cancer.
- Treatment planning for this type of cancer is complex. It can take 7 to 10 days to plan your radiation treatment. You will need a mask, made especially for you, to keep you from moving during your treatment.
- You will need to be examined by a BC Cancer dentist before your treatment is planned. Your mouth and teeth may get some radiation during your treatment. The dentist will check your mouth and teeth to make sure they are healthy and to get you ready for treatment.
- For more information about radiation therapy go to:
bccancer.bc.ca/our-services/treatments/radiation-therapy

Systemic Therapy (chemotherapy)

- Systemic therapy alone will not cure laryngeal cancers.
- You may get systemic therapy with radiation therapy to help cure or control your cancer.
- For more information about systemic therapy go to:
[bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

Surgery

- More advanced cancers may be treated with surgery.
- Some of your lymph nodes may need to be removed.
- If you have a cancer that does not go away or that comes back (recurrent), your larynx may need to be removed (laryngectomy). If you have this surgery, you will not be able to speak.

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What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Guidelines for follow-up after treatment for laryngeal cancer are on our website: www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/head-neck/head-neck#follow-up
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- It is very important that you are followed carefully by an oncologist or otolaryngologist for two years after your treatment.
- After treatment, you will likely need to see a dietitian, a physiotherapist and a speech language pathologist. They will help you with side effects from treatment.
- It is important you take care of your mouth and teeth. Please read our Dry Mouth and Mouth Pain handout for tips on how to care for your mouth and teeth: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects/dry-mouth-mouth-pain
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: bccancer.bc.ca/lifeaftercancer

More Information

What causes laryngeal cancer and who gets it?

In Canada, laryngeal cancers are rare.

These are some of the risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer start growing.

- Being over the age of 60.
- Drinking a lot of alcohol.

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- Visit the BC Cancer Alcohol and Cancer Prevention page:
www.bccancer.bc.ca/health-info/prevention/alcohol
- Using tobacco, in any form. The longer you use it, the greater your risk of getting laryngeal cancer.
 - Visit the BC Cancer Tobacco and Cancer Prevention page:
www.bccancer.bc.ca/health-info/prevention/tobacco
- Drinking a lot of alcohol and using tobacco at the same time.
- Breathing in second-hand smoke.
- Having a Human Papillomavirus (HPV) infection.
- Having acid reflux (heartburn or gastroesophageal reflux disease)

Statistics on laryngeal cancer

- B.C. statistics: www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type
- Canada statistics: cancer.ca/en/cancer-information/cancer-types/laryngeal/statistics

Note: Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

Can I help prevent laryngeal cancer?

Most laryngeal cancers can be prevented. Using tobacco and drinking too much are the major risk factors for getting this cancer.

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Here are some things you can do to lower your risk of laryngeal cancer:

- **Do not smoke or use tobacco:** If you smoke or use tobacco, stop. Also, try to avoid breathing in cigarette smoke. Even if you have been using tobacco for many years, quitting will lower your cancer risk. Support is available to help you successfully quit.
 - Visit the BC Cancer Tobacco and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/tobacco
- **Do not drink too much alcohol:** Not drinking alcohol at all will lower your cancer risk the most.
 - Visit the BC Cancer Alcohol and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/alcohol
- **Eat healthy, nutritious foods:**
 - Follow Canada's Food Guide: www.canada.ca/en/health-canada/services/canada-food-guides.html
 - Visit the BC Cancer Food Choices and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/food-choices
- **Get treatment of acid reflux or heartburn:** Talk to your family doctor or nurse practitioner if you have regular acid reflux or heartburn.
- **If you have been cured of laryngeal cancer, you are more likely to get a second cancer.** This risk is higher if you keep using tobacco and alcohol. You will lower your risk if you stop using tobacco and alcohol.

Is there screening for laryngeal cancer?

There is no screening for this type of cancer.



Provincial Health Services Authority

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Where can I find more information?

- If you have questions about laryngeal cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page: bccancer.bc.ca/our-services/services/library
- BC Cancer Library Head and Neck Cancer pathfinder: bccancer.libguides.com/pathfinder-head
- Managing Your Symptoms: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
- Emotional Support: www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support