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Oncologic and Functional Outcomes in Advanced Laryngeal and Hypopharyngeal Cancer Treated with Concurrent Chemoradiation versus Primary Surgery Followed by Adjuvant Treatment

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Abstract

Objective: To compare oncologic outcomes in advanced laryngeal and hypopharyngeal cancer (LHC) patients who received either concurrent chemoradiation (CRT) or primary surgery followed by adjuvant treatment and to examine functional outcomes in the patients treated with CRT.

Material and Method: The clinicopathological data of 136 patients, diagnosed as stage III or IV LHC, were retrospectively reviewed. The eligible patients were classified into two groups based on their primary treatment, CRT group and group of surgery followed by the adjuvant treatment. Oncologic outcomes were evaluated and compared at five years. Functional outcomes were recorded as tracheostomy and/or feeding tube dependency.

Results: Five-year overall survival rates were 66.9% for the primary surgery group and 34.8% for the CRT group ($p = 0.004$). Five-year disease-specific survival rates for the same two groups were 66.9% and 39.9%, respectively ($p = 0.03$). The three-year laryngectomy-free survival rate in the CRT group was 71.9%. At three months post-CRT, 62.3% of patients depended on tracheostomy and/or a feeding tube.

Conclusion: The primary surgery followed by adjunctive treatment among the advanced LHC cases had significantly better oncologic outcomes. Nevertheless, CRT group had a high survival rate with a preserved larynx, but with relatively inferior functional outcomes.

Keywords: Laryngeal cancer, Hypopharyngeal cancer, Concurrent chemoradiation, Surgery

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