

Trends and current information

Return of Voice and Quality of Life



Freeman-Sanderson AL, Togher L, Elkins MR, Phipps PR. Quality of life improves with return of voice in tracheostomy patients in intensive care: An observational study. *J Crit Care.* 2016 Jun;33:186-91.

The presence of a tracheostomy tube with inflated cuff has a great impact on the ability to communicate, to interact and to participate within the health system, and therefore on the quality of life (QoL). Ineffective communication and loss of voice are reported as leading directly to anxiety, frustration, anger, fear, powerlessness and a sense of futility. This study aims to describe the changes in communication-related QoL and general health status that occur with the return of voice. QoL was measured with the Visual Analogue Self-esteem Scale (VASES) for aspects of communication-related QoL, and the EuroQoL-5D questionnaire (EQ-5D) for general health status. Twenty-five patients were recruited

between 2010 and 2014, of which 22 completed the study. All patients had undergone a tracheostomy and progressed through the tracheostomy pathway, including provision of a speaking valve. Ability to be understood by others and cheerfulness both significantly improved with the return of voice. There was a positive trend, but no significant improvement on the other aspects of communication self-esteem, nor on the general health status. The authors conclude that the ability to communicate by return of voice may be associated with a positive change in health status and influence change in QoL.

Trends and current information

Total laryngectomy or larynx-preservation in T4a laryngeal cancer

Choi YS, Park SG, Song EK, Cho SH, Park MR, Park KU, Lee KH, Song IC, Lee HJ, Jo DY, Kim S, Yun HJ; Korean South West Oncology Group (KSWOG) Investigators. Comparison of the therapeutic effects of total laryngectomy and a larynx-preservation approach in patients with T4a laryngeal cancer and thyroid cartilage invasion: A multicenter retrospective review. *Head Neck*. 2016 Apr 4. [Epub ahead of print]

Several retrospective studies have sought to identify the best therapeutic options for patients with T4a disease, but the results are inconsistent. Some studies have suggested that total laryngectomy afforded better outcomes, whereas others reported that larynx-preservation approaches were as effective as surgery. The optimal initial treatment for cartilage-invading T4a disease has not been evaluated yet in controlled trials. This study aimed to assess and compare the therapeutic outcomes of total laryngectomy and larynx-preservation strategies in patients with T4a laryngeal cancer. The medical records of 89 patients, diagnosed with T4a laryngeal cancer between 2000 and 2012, were reviewed. Fifty-three (59.6%) patients were initially treated with total laryngectomy, 36 (40.4%) with larynx-preservation therapy, with no significant differences in baseline characteristics between the two groups. The median overall survival (OS) in patients who underwent total laryngectomy was 87.2 months, significantly longer than that in the larynx-preservation group (31.3 months). Also the median disease-specific OS of the total laryngectomy group was longer (89.9 vs 27.7 months). The survival benefit afforded by total laryngectomy was even more striking in patients of lower N classification (N0 and N1). The authors suggest choosing total laryngectomy to treat T4a laryngeal cancer with thyroid cartilage invasion, especially in subjects exhibiting limited nodal involvement.

Gorphe P, Matias M, Moya-Plana A, Tabarino F, Blanchard P, Tao Y, Janot F, Temam S. Results and Survival of Locally Advanced AJCC 7th Edition T4a Laryngeal Squamous Cell Carcinoma Treated with Primary Total Laryngectomy and Postoperative Radiotherapy. *Ann Surg Oncol*. 2016 Mar 31. [Epub ahead of print]

Over the last two decades there has been a paradigm shift in the treatment of advanced-stage pharyngeal and laryngeal cancer, from primary total laryngectomy with adjuvant radiotherapy to primary treatment with chemoradiation. But with the clinical practice guidelines recommending primary total laryngectomy and publications reporting good laryngeal preservation, the treatment of T4a laryngeal cancer continues to fuel debate. This study aimed to analyze results and survival of patients with T4a laryngeal cancer, treated, strictly according to guidelines, with total laryngectomy and adjuvant radiotherapy in a large and homogeneous series of patients. Between 2001 and 2013 hundred patients were submitted to primary surgery for treatment of T4a laryngeal cancer. Two-, 5- and 10-year overall survival (OS) rates were 65, 52.4 and 33.3%, respectively. Extracapsular spread of both neck node and central node metastases was associated with decreased OS. Two-, 5- and 10-year disease-free survival (DFS) were 55, 42.6 and 31.8%, respectively. Extracapsular spread of central node metastases was associated with decreased DFS. The authors conclude laryngeal preservation protocols in T4a laryngeal cancer may probably be possible in selected patients, but criteria must be evaluated in prospective, randomized trials to acquire evidence of functional preservation without decreased survival rates. In the meantime, total laryngectomy followed by postoperative radiotherapy remains the gold-standard treatment for patients with T4a disease.

Trends and current information

Early oral feeding after total laryngectomy



Süslü N, Sefik Hosal A. Early oral feeding after total laryngectomy: Outcome of 602 patients in one cancer center. *Auris Nasus Larynx*. 2016 Feb 19. [Epub ahead of print]

The most frequent complication after total laryngectomy is pharyngocutaneous fistula (PCF), with a recently reported incidence between 13% and 25%. Delayed oral feeding has traditionally been considered to be preventive in the development of PCF. Therefore, insertion of a nasogastric tube for 7-14 days following laryngectomy is a common practice among head and neck surgeons. However, there is no general agreement on the initiation of the oral intake, and in literature there are many reports indicating that early oral feeding does not contribute to PCF. The present retrospective study aimed to determine the incidence of PCF after primary total laryngectomy in a large homogenous case series, and to evaluate whether fistula and early oral feeding are related. In total 602 patients

were included. They were diagnosed with laryngeal/hypopharyngeal cancer between 1990 and 2014, and had no history of previous radiotherapy, chemotherapy or chemoradiotherapy, and did not have more complex reconstruction techniques. The overall PCF rate was 12%. Among the 20 patients who had a nasogastric tube, 15% (3/20) developed PCF, versus 11.8% (69/582) of the patients who did not use a nasogastric tube, with no significance difference. The authors believe in the advantages of early oral feeding, as this may assist earlier restoration of normal swallowing function, and will decrease psychological discomfort. The low PCF rate among these patients reveals the safety and efficacy of early oral feeding in primary total laryngectomy.

Trends and current information

Emergency management of inpatients with neck stoma

Darr A, Sidding S, Jolly K, Spinou C. Neck stoma patients: is vital information displayed at the bedside? *Br J Nurs*. 2016 Mar 10-23;25(5):242, 244--7.

Neck stomas are common practice in both head and neck, and intensive care unit (ICU) patients. A regional audit was conducted, to assess the care of inpatients with a neck stoma, and whether this care was according to guidelines on provision of vital information and essential equipment to assist in emergency management of these patients. A total of 34 stoma patients were identified (26 tracheostomy; 8 Laryngectomy) over a 2-week period. Audit standards were e.g. emergency tracheostomy kit at bedside, clearly identifiable information, type of stoma listed size of tracheostomy tube, as

recommended by the National Tracheostomy Safety Project guidelines (NTSP). The results demonstrate inadequate ward compliance, with ICU compliance greater in comparison to a ward environment. Recommendations were made to implement bedhead signs in all wards involved in the management of stoma patients. A greater awareness of the NTSP and implementation of vital information is required to reduce stoma complication-related morbidity and mortality.

Quality of life after laryngectomy

Perry A, Casey E, Cotton S. Quality of life after total laryngectomy: functioning, psychological well-being and self-efficacy. *Int J Lang Commun Disord*. 2015 Jul;50(4):467-75. doi: 10.1111/1460-6984.12148. Epub 2015 Feb 19.

Despite the importance of QoL for evaluating treatment outcome, research in patients following total laryngectomy (TL) is sparse. This study aims to examine the relative contributions that functioning, psychological well-being, and self-efficacy have in determining the QoL after TL. One hundred and thirteen questionnaires were distributed to members of two laryngectomy associations in Australia. Eighty-three questionnaires contained valid data and were analysed. The questionnaires concerned 4 QoL domains (physical health, psychological health, social relationships and environment), speech and swallowing, psychological well-being, and perceived self-efficacy.

Compared to normative samples laryngectomized patients demonstrated significant reduced physical health QoL and social relationship QoL, and higher levels of depression and anxiety. Psychological well-being had a stronger association with psychological QoL and with social relationship QoL than functioning (speech, swallowing). Self-efficacy scores were higher than norms, but not associated with QoL. To improve the overall QoL of laryngectomees interventions to assist the management of their psychological well-being are likely to be beneficial, rather than only rehabilitating function (speech, swallowing).