

Cut or CRT?

Laccourreye O, Bonfils P, Malinvaud D, Ménard M, Giraud P. Survival and laryngeal preservation tradeoff in advanced laryngeal cancer: From the otorhinolaryngology patient to the managing physician. *Head Neck* 2017. Oct;39(10):1984-1989

This prospective study analyzed responses on a questionnaire completed by 209 laryngeal cancer specialists and 269 volunteers (ENT-patients) from an otorhinolaryngology clinic in France. Participants were asked if they would consider having chemoradiation treatment in order to avoid TL even if the treatment would result in a lower survival rate. They were also asked to estimate the percentage of survival they were willing to trade in order to preserve their larynx. Fifty-two percent of the otorhinolaryngologists (65/125) and 28.6% (77/269) of the patients declined trading any percentage of survival. For the 313 responders willing to consider the larynx-preservation strategy with chemoradiation (65.5% of study population) the percentage of survival they were willing to trade varied from 5% to 100% (median 30%).



Characteristics of respondents significantly affecting the percentage were: marital status, having children and being a volunteering patient. The authors suggested that these significant variations noted should develop modes of practice that cater to this and stimulate further research in this field.

PCF after total laryngectomy in the Netherlands

Lansaat L, van der Noort V, Bernard SE, Eerenstein SEJ, Plaat BEC, Langeveld TAPM, Lacko M, Hilgers FJM, de Bree R, Takes RP, van den Brekel MWM. Predictive factors for pharyngocutaneous fistulization after total laryngectomy: a Dutch Head and Neck Society audit. *Eur Arch Otorhinolaryngol*. 2018 Mar;275(3):783-794.

Incidence and predictive factors of pharyngocutaneous fistulization (PCF) after total laryngectomy (TL) were evaluated in a nationwide audit including the 8 principle Dutch Head and Neck Centers (DHNC). All 320 patients that had undergone laryngectomy in a 2-year period (2012 and 2013) were analyzed in a retrospective chart review. Furthermore, 27 head and neck surgeons from the participating centers completed a questionnaire to provide additional informative data. The overall incidence of PCF within 30 days after discharge from the hospital was determined to be 25.9% (83/320). The median day of

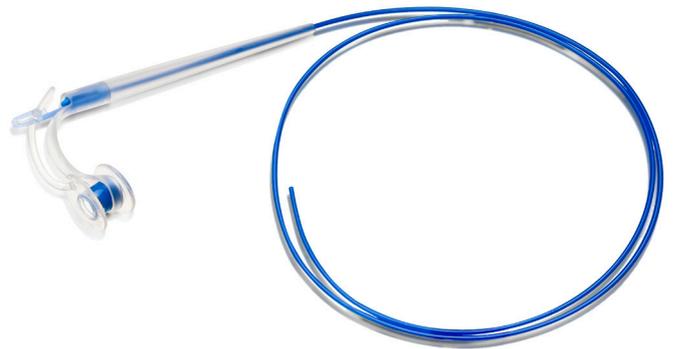
PCF manifestation was day 12 (range 1-48 days after surgery). Predictive factors for PCF were found to be comparable with those reported in literature, including neck dissection, (chemo)radiotherapy, tracheotomy and BMI < 18. Early oral intake was not found to increase the PCF rate. The variation in PCF% between the DHNCs could (for a large extent) be explained by variation in these predictive factors. The authors conclude that since elective neck dissection is a major risk factor for PCF, it should only be performed on well-funded indication.

Complications associated with primary TEP

Sethi RKV, Deschler DG. National trends in primary tracheoesophageal puncture after total laryngectomy. *Laryngoscope*. 2017 Dec 27. [Epub ahead of print]

In this retrospective study, data from the Nationwide Inpatient Sample (NIS) were queried for patients who underwent primary tracheoesophageal puncture (TEP) at time of TL, to assess national trends in primary TEP and identify factors associated with its use. Among the 15,410 patients that underwent TL between 2010 and 2014, 7.3 % (1,124 patients) had primary TEP. The majority of these procedures were performed at urban teaching hospitals (90.6%). Multivariable regression identified cricopharyngeal myotomy as significantly

associated with increased odds of primary TEP ($P < .0001$). The authors conclude primary TEP is performed infrequently despite multiple advantages over secondary TEP demonstrated in the literature, including improved safety and earlier voice restoration. Further studies assessing surgeon discretion, preference and expertise, and patient specific factors, as well as characterizing trends in secondary TEP use, may be beneficial.



Panwar A, Militsakh O, Lindau R, Coughlin A, Sayles H, Rieke KR, Lydiatt W, Lydiatt D, Smith R, Sethi RKV, Deschler DG. Impact of Primary Tracheoesophageal Puncture on Outcomes after Total Laryngectomy. *Otolaryngol Head Neck Surg*. 2018 Jan;158(1):103-109.

The aim of this study was to identify differences in post-operative outcomes for patients undergoing a total laryngectomy (TL) with or without a primary TEP. The authors identified 430 patients who underwent TL between 2006 and 2012 in a retrospective review of the American College of Surgeons National Surgical Quality Improvement Program data set. Only 15.8% (n=68) of TL was performed with primary TEP. The group with primary TEP was found to have a small increase in attributable risk for overall wound complications.

However, no statistically significance was found between the groups (TEP vs no TEP) for “superficial” or “deep or organ space” surgical site infection, medical complications, or increased burden for resource utilization. The authors concluded that understanding these findings and the magnitude of risk, in addition to the obvious benefits of earlier voice rehabilitation, should encourage physicians and patients to consider and discuss primary TEP when planning a total laryngectomy.

Speaking after laryngectomy: TES vs ES vs ELS

van Sluis KE, van der Molen L, van Son RJJH, Hilgers FJM, Bhairosing PA, van den Brekel MWM. Objective and subjective voice outcomes after total laryngectomy: a systematic review. *Eur Arch Otorhinolaryngol.* 2018 Jan;275(1):11-26.

In this systematic literature review comparative acoustic, perceptual, and patient-reported outcomes (PROs) for the three speech rehabilitation methods after TL: esophageal speech (ES), tracheoesophageal speech (TES) and electrolarynx speech (ELS) were obtained. Most of the 26 selected studies had low methodological quality and three (12%) could be rated with low risk of bias. A likely risk of inclusion bias was also seen in many studies where only exceptional speakers were reported. TES was rated significantly better than ES for the acoustic outcome measures (fundamental frequency, maximum phonation time and intensity). Furthermore, TES was rated superior to ES and ELS in the perceptual evaluations, with regards to both voice quality and intelligibility. However, none of the speech rehabilitation methods showed evidently satisfactory outcomes in the PRO studies. The authors conclude TES to be the



favorable method in terms of acoustic and perceptual outcomes. However, patients' personal factors should be taken into account when offering speech rehabilitation.

Olfactory rehabilitation in Japan

Ishikawa Y, Yanagi Y, Suzuki M, Konomi U. A questionnaire to assess olfactory rehabilitation for laryngectomized patients (Provox voice prosthesis users) in Japan. 2018 Feb 7. [Epub ahead of print].

The aim of this cross-sectional study was to determine the present state of olfactory rehabilitation for laryngectomized patients in Japan. Members from the nonprofit laryngectomized patient group YOUSAY-KAI were asked to complete a questionnaire about their experience of in-hospital olfactory guidance and rehabilitation. The 105 responders, 93 men and 12 women between 39-86 years old (mean 67.7 years), were all Provox voice prosthesis users. Among 33.3% (35/105) of the patients with experience of olfactory rehabilitation only 4.7% (5/105) had received the rehabilitation in hospitals. Olfaction

was assessed in a self-administered Odor Questionnaire (SAOQ) involving 20 smell-related items. Due to age-related olfactory deterioration, only data from patients younger than 70 years old was analyzed. SAOQ score was significantly higher in the rehabilitation group (mean 42.5%) compared to the non-rehabilitation group (mean 22.1%) ($p < 0.05$). The authors conclude that it is necessary to administer olfactory rehabilitation for voice prosthesis users who have never received olfactory rehabilitation, as well as for patients scheduled to undergo laryngectomy.